

View an Annual Performance Report

State Louisiana

APR Report Period June 2003 - May 2004

Final No

Last Updated By Worthington (kelly.worthington)

Part C Annual Performance Report

Cluster I :: General Supervision

Part C Annual Performance Report: Status of Program Performance



Cluster I: General Supervision

[Appendix GS 1 Monitoring Manual.doc](#)
[Appendix GS 2 SPOE Monitoring Results Sanctions and CAP.doc](#)
[Appendix GS 3 EarlySteps Complaint Process, Flowchart and Inquiry Form .doc](#)
[Appendix GS 4 2004 Family Survey Results.doc](#)
[Appendix GS 5 SPOE Data Maintenance.doc](#)
[Chart GS 1 Providers by Specialty and Region.doc](#)
[SICC Certification of APR 04.doc](#)
SICC Certification

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

*** State Goal** Louisiana will ensure effective general supervision of the implementation of the Individuals with Disabilities Education Act through the Lead Agency by utilizing data collection and complaint mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments.

Performance Indicator 1 The general supervision instruments and procedures (including monitoring, complaints and hearing resolution, etc.), used by the Louisiana Department of Health & Hospitals, Office of Public Health, identify and correct IDEA noncompliance in a timely manner.

As lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) services, the Louisiana Department of Health and Hospitals (DHH), Office of Public Health (OPH) supervises and monitors the Early Intervention System as defined by PL 108-446 and set forth at 34 CFR 303.160 and 303.161-176. The Louisiana EarlySteps Continuous Improvement and Focused Monitoring System (CIFMS) is a system of review that includes data, public input, and administrative documentation. There are four types of monitoring reviews, which include Ongoing Desk Review. Scheduled Monitoring Review. Responsive Monitoring Review.

Review, Scheduled Monitoring Review, Responsive Monitoring Review, and Focused Monitoring Team Review. The System Components include the System Point of Entry (SPOE), Family Service Coordination (FSC), Independent Service Providers and Service Provider Agencies (See Appendix GS1 for EarlySteps Monitoring and Procedural Manual).

Monitoring procedures related to Ongoing Desk Review include a review of all system components using data from the Early Intervention Data System (EIDS), financial data and information, and public input. Scheduled Monitoring Review procedures include routine on site review of system components, which are scheduled with agencies and independent providers at least 30 calendar days in advance. Procedures related to Responsive Monitoring Review include a special on site review triggered by data or input. Agencies and Independent Providers are notified 3 days prior to Responsive Monitoring Reviews.

Quality Assurance Specialists (QASs) are responsible for monitoring Part C agencies and independent providers. In June 2004, three QAS were hired to cover the north, central, and southern regions of the state, each of which includes several of the nine public health regions. Monitoring activities involve review of data reports, conducting site visits, records reviews, engaging in trouble shooting when triggered by data reports, and offering Technical Assistance (TA) related to local self-improvement activities.

The Louisiana State Interagency Coordinating Council (SICC) reviews data presented by Central Office and assists in monitoring of the early intervention system through their advise and assist role.

Regional Coordinators (RC) are responsible for convening Regional Interagency Coordinating Council's (RICCs) and share a role in reviewing data and monitoring system activities. They respond to QAS monitoring reports by working with agencies and providers to develop Corrective Action Plans (CAP) and provide TA to assist in the achievement of self-improvement goals.

The SPOE is the local entity responsible for ensuring that all referrals of children under the age of three, and their families, receive a timely response. There are nineteen (19) SPOEs throughout the State of Louisiana with varying numbers of Intake Coordinators (IC). SPOE staffs ensure that the various intake functions, eligibility determination and the development of the initial Individual Family Service Plan (IFSP) are conducted with families in a prompt, professional and family-centered manner within 45 days of the referral. The child records including referral, eligibility, service planning, and service delivery are electronically stored and routine updates are maintained by the SPOE. Measuring the quality, benefits, and accomplishments of EarlySteps, SPOEs aid Early Intervention (EI) quality assurance efforts by providing vital information for setting and refining program goals, identifying training and TA needs, allocating resources efficiently, and improving the effectiveness of early intervention service delivery. Moreover, structuring quality assurance activities enables EarlySteps to ensure that the early intervention system provides valuable EI services to EarlySteps families.

As part of EarlySteps quality assurance efforts, SPOE monitoring establishes a baseline compliance measurement of the administration of EI activities in Louisiana. SPOE monitoring provides insight for both program management and stakeholders to strengthen and improve existing Part C early intervention service delivery. All SPOE monitoring includes Onsite

	<p>early intervention service delivery. All SPOE monitoring includes Onsite Desk Review of EI system data reports, child EI records, and administrative documentation related to EarlySteps services, process, and contractual obligations. Specific measures of compliance at the administrative, contractual and child record level aids in establishing compliance goals and objectives and ongoing monitoring activities that take place on a regular basis.</p>
Baseline / Trend Data 1	<p>Compliance Monitoring:</p> <p>Throughout 2004, 26 Agencies were monitored by the Lead Agency (LA) as a follow up from monitoring efforts conducted in 2002 by the Department of Education (DOE). Of the 26 Agencies monitored, 8 were Family Support Coordination (FSC) agencies and 16 were agencies providing services across disciplines. Two agencies ceased providing Part C services, while the remaining agencies were provided TA from the RCs to ensure compliance. These agencies will be re-monitored during FSC monitoring and provider monitoring to ensure continual compliance.</p>
Target 1.1	<ol style="list-style-type: none"> 1. Hire Quality Assurance Specialists to cover all DHH regions and conduct CQI activities. 2. Complete monitoring of EI programs previously conducted by DOE. 3. Confirm a plan for on-site monitoring visits. 4. Implement full scope of CIFMS. 5. Complete the Monitoring Manual and Policies and Procedures for Monitoring.
Explanation of Progress or Slippage 1.1	<p>Between July 1, 2003 and June 30, 2004, EarlySteps experienced delays in hiring three QASs to cover the north, central, and southern regions of the state. The QASs were not hired until June 2004, thus causing delays to the full implementation of the CIFMS process, including the development of monitoring policies and procedures, scheduling of monitoring site visits, and corrective action plans and sanctions.</p>
Projected Target 1.1	<ol style="list-style-type: none"> 1. Completion of SPOE Monitoring, which includes review, final report, technical assistance and corrective action for 19 SPOEs. 2. Completion of a strategy for FSC monitoring. 3. Implementation of FSC Self Assessment. 4. Completion of FSC Monitoring including review, final report, technical assistance and corrective action for approximately 35 FSC agencies. 5. Completion and implementation of a system of responsive monitoring. 6. Completion of a strategy for provider monitoring, and beginning stages of review. 7. Completion of a system of targeted monitoring of SPOE timelines.
Future Activity to Achieve Projected Targets/Results 1.1	<p>The QASs will monitor all 19 SPOE agencies in Louisiana utilizing an assessment tool for reviewing child service records(See Appendix GS.1, Section 2, pages 115, 119 and 148 of the EarlySteps Monitoring Procedure Manual). QASs will also conduct a review of administrative and contractual</p>

Manual). QASs will also conduct a review of administrative and contractual components based upon contractual requirements. QASs will compile all data collected during SPOE Monitoring. Results of analysis of SPOE data will be included in a final report and provided to each individual SPOE agencies. A summary of the results including compliance levels will be posted the EarlySteps website. All SPOE agencies will be required to submit a signed assurance letter to the EarlySteps Central Office assuring that early intervention services, as defined by the Part C of the IDEA are provided in compliance with all applicable rules and regulations. Agencies agree that areas found to be out of compliance with rules and regulations will be immediately corrected. Agencies will be required to work in collaboration with the RCs on developing a Corrective Action Plan (CAP). RCs will provide technical assistance based on areas identified in CAPs.

At this time, SPOE monitoring has begun and initial findings have been compiled. Initial findings show that 18 SPOEs resulted in a Level 2 compliance level, and one SPOE resulted in Level 3 compliance level (See Appendix GS. 3, Section 1, for detailed SPOE monitoring results). A follow-up monitoring will be conducted in two phases by QAS within 3 months, and 6 months following the date of the final report to assess areas of improvement. SPOEs not improving in areas of noncompliance within 6 months will be subject to sanctions including contract termination (See Appendix GS 2 for SPOE Monitoring Results & Sanctions, Section 2, page 32).

The EarlySteps team has completed the development of a strategy for monitoring 37 Family Service Coordination agencies throughout Louisiana. QAS began FSC Monitoring in November 2004. QASs are reviewing child service records utilizing an assessment tool and conducting a group interview of FSC staff members on their knowledge of Service Coordination, family rights and Part C regulation (See Appendix GS 1 for EarlySteps Monitoring Procedure Manual, Section 2, pages 77 and 148).

Monitoring results will be entered into a database and compiled for analysis. Results of analysis of FSC data will be included in a final report and provided to each individual FSC agencies. A summary of the results including compliance levels will be posted the EarlySteps website. All FSC agencies will be required to submit a signed assurance letter to the EarlySteps Central Office assuring that early interventions services, as defined by the Part C of IDEA are provided in compliance with all applicable rules and regulations. Agencies agree that areas found to be out of compliance with rules and regulations will be immediately corrected. Agencies will be required to work in collaboration with the RCs on developing CAPs. Regional Coordinators will provide technical assistance based on areas identified in the CAPs. A follow-up monitoring will be conducted in two phases by QASs within 3 months, and 6 months following the date of the final report to assess areas of improvement. FSCs not improving areas of noncompliance within 6 months will be subject to sanctions, including disenrollment as an EarlySteps provider. The EarlySteps team is in the process of completing a database for compiling data related to FSC monitoring. Reports will be produced and distributed in early May 2005.

The EarlySteps team will complete the development of procedures for reviewing, investigating, and resolving individual as well as systemic issues relating to Part C of IDEA. A system for processing Responsive Monitoring requests will be developed and implemented statewide. Identification of data triggers and necessary components will occur by January 2005. Timelines related to the Responsive Monitoring process and staff responsibilities will be identified and distributed accordingly.

responsibilities will be identified and distributed accordingly.

At this time, EarlySteps has conducted four responsive monitoring reviews. The QASs analyzed data pertaining to children served by each provider being monitored and requested child service records from each provider. Child service record review included a review of IFSPs, monthly progress notes and individual contact notes to support the dates of claims filed. Following investigation, a letter of results was sent to each provider. A resolution letter was also sent separately to the complainant to protect anonymity. As a result of the four responsive monitoring visits conducted, areas of noncompliance was identified and resulted in funds recouped in the amount of approximately \$35,000. Additionally, one independent provider has been disenrolled.

A strategy for provider monitoring will be refined and implemented by Spring 2005 beginning with the re-monitoring of all agencies monitored by the Department of Education. Provider monitoring will include a review of child service documentation using an assessment tool. Provider monitoring will also include an interview targeting provider knowledge of Part C regulations and EarlySteps philosophy.

EarlySteps is in the process of developing a procedure to collect data regarding services authorized compared to services delivered through a FSC Self Assessment to be implemented July 2005. All FSCs will be required to submit a report, developed by EarlySteps, on a monthly basis that provides data on services as indicated on the IFSP and actual services delivered. This report will be an attachment to the current monthly progress report. FSCs will also be required to supply justification as to why delivered services were not consistent with authorized services on the IFSP. FSC agencies will be required to compile this information on a monthly basis and include it in a Quarterly Self Assessment.

In collaboration with the National Center for Special Education Accountability and Monitoring (NCSEAM), the EarlySteps CQI Stakeholder Group will convene to refine Continuous Quality Improvement (CQI) standards, and develop a baseline for future activities. The Stakeholder Group charge will be to review EarlySteps data and provide input on the CIFMS process. The CQI Stakeholder Group will identify monitoring priorities and performance targets based on the data. The role will be expanded to include bringing information to constituencies represented, bringing information from constituencies to Stakeholder Group and providing feedback about the Quality Assurance system.

As EarlySteps moves to Focused Monitoring the following functions will be added: 1. Assist in development of goals, priorities, and targets plus other quality assurance efforts 2. Consider being part of onsite Focused Monitoring team

Focused Monitoring Team Review procedures include an on site review based on specific indicators determined by the EarlySteps Stakeholder Group each year. Agencies and Independent Providers will be identified and notified at least 60 calendar days in advance of this review by a team of stakeholders.

The EarlySteps CQI Stakeholder Group meets twice each year to review data and determine monitoring priorities. A representative from the National Center for Special Education Accountability and Monitoring (NCSFAM) facilitated the July 1 and 2, 2004 meeting providing an

	<p>(NCSEAM) facilitated the July 1 and 2, 2004 meeting providing an overview of Louisiana Annual Performance Report data and Focused Monitoring. The November 18, 2004 meeting focused on the monitoring of System Points of Entry and Family Service Coordination Agencies. The sampling strategy for selection of service providers to be monitored in Spring 2005 was also discussed. The NCSEAM representative will return in April 2005 to assist the state in determining monitoring priorities and next steps to focused monitoring.</p>
Projected Timeline and Resource 1.1	<ol style="list-style-type: none"> 1. SPOE Monitoring will be conducted by the QASs from August 2004 through September 2004. 2. FSC Monitoring will be conducted by the QASs beginning November 2004 through April 2005. 3. The QASs will begin Provider Monitoring during Spring 2005. 4. The QASs conducts Responsive Monitoring which is an ongoing process conducted throughout the year. 5. FSC agencies will begin completing the FSC Self-Assessment beginning July 2005. 6. EarlySteps CQI Stakeholder Group will meet twice per year beginning July 2004. <div> From: 07/01/2004 To: 06/30/2005 </div>
Performance Indicator 2	<p>The systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions.</p> <p>As described above in GS.I, the systemic issues are identified through a review of monitoring results from Ongoing Desk Reviews, Scheduled Monitoring Reviews, Responsive Monitoring Reviews, and Focused Monitoring Team Reviews. EarlySteps also identifies systemic issues through tracking complaints that are sent to the Central Office and monitoring frequency of types and providers that complaints are filed against.</p>
Baseline / Trend Data 2	<p>Compliance Monitoring:</p> <p>In 2003 and 2004, the EarlySteps team conducted responsive monitoring of agencies monitored by the Louisiana Department of Education in 2002. Areas of non-compliance identified were related to the absence of required documentation in child records including access sheets, meeting notifications and natural environment justifications. Central Office conducted responsive monitoring and Regional Coordinators provided technical assistance on areas of non-compliance. All areas of non-compliance identified are used for developing assessment tools for future monitoring.</p>

Target 2.1	<p>1. Develop schedule for SPOE, FSC and Provider monitoring.</p> <p>2. Develop procedures and tools to identify systemic issues during SPOE and FSC monitoring.</p>
Explanation of Progress or Slippage 2.1	<p>The EarlySteps team developed and piloted initial monitoring tools as well as a schedule for SPOE and FSC monitoring. Revisions were made based upon piloted information used to develop the CIFMS process.</p>
Projected Target 2.1	<p>1. Completion and implementation of technical assistance plans and corrective action plans addressing areas of non-compliance identified during monitoring.</p> <p>2. Implementation of sanctions for agencies remaining non-compliant.</p> <p>3. Routine review of monitoring results to identify systemic issues.</p>
Future Activity to Achieve Projected Targets/Results 2.1	<p>Regional Coordinators will be responsible for providing technical assistance to SPOEs, FSCs and providers based on results of monitoring. All agencies will be required to develop a CAP to address areas of non-compliance and explain the steps that will be taken to correct the areas of non-compliance (See Appendix GS. 2, Section 4, page 35 for Corrective Action Plan).</p> <p>The EarlySteps team will complete definition of components of the CIFMS as it relates to monitoring. Compliance levels for SPOEs, FSCs and providers will be as follows:</p> <p>If the agency's current overall compliance level is Level 4 then the agency is expected to:</p> <ul style="list-style-type: none"> · Improve their compliance level to Level 2 in 3 months · Improve their compliance level to Level 1 in 6 months <p>If the agency's current overall compliance level is level 3 then the agency is expected to:</p> <ul style="list-style-type: none"> · Improve their compliance level to Level 2 in 3 months · Improve their compliance level to Level 1 in 6 months <p>If the agency's overall compliance level is level 2 then the agency is expected to:</p> <ul style="list-style-type: none"> · Improve their compliance level to Level 1 in 6 months <p>EarlySteps will also impose sanctions after Follow-up Monitoring is conducted. If a compliance level is not improved at the 3-month follow-up monitoring, the agency will be placed in an 'At Risk of Default on Contractual Obligations Status', or an 'At Risk of Disenrollment' status. The agency will receive a Notice of Warning and be listed on the EarlySteps website as an At Risk agency, and a portion of payment will be withheld. If significant improvement is not made at the 6-month monitoring, the agency will be considered in default of contract and OPH will proceed to contract cancellation. For agencies with provider agreements, if significant improvement is not made at the 6-month monitoring, the agency/provider</p>

If the SPOE's current timeline compliance level is Level 4 then the SPOE is expected to:

- If the SPOE's current timeline compliance level is level 3 then the SPOE is expected to:

- If the SPOE's current timeline compliance level is level 2 then the SPOE is expected to: · Improve their compliance level to Level 1 in 3 months

In addition, the EarlySteps team will complete a database to compile information contained in monthly reports from Central Office, RCs, QASSs, and Community Outreach Specialists (COSs) staff. Monthly report data collection will assist EarlySteps in identifying systemic issues and mechanisms for addressing those issues.

- From: 07/01/2004

From: 07/01/2004

To: 06/30/2005

Performance Indicator 3 The complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.

Baseline / Trend Data 3 Compliance Monitoring:

Between July 1, 2003 and June 30, 2004, EarlySteps developed an initial complaint process and procedures to investigate complaints received. Between July 1, 2003 and June 30, 2004, EarlySteps received a total of 15 complaints.

Of the 15 complaints received, nine complaints had findings and six had no findings. Complaints filed with findings had a letter of investigation findings forwarded to the provider as well as the individual filing the complaint. Seven of the 15 complaints filed were resolved within a 60-day timeframe. Of the eight complaints exceeding the 60-day timeframe, reasons stated included obstacles experiences with obtaining cooperation from providers.

The Central Finance Office (CFO) distributes an Explanation of Benefits (EOB) report to families listing all services paid for each child receiving services through the EarlySteps system. The report is sent to families each time payment for services is made to the child's provider, and lists service dates, payment dates and dollar amounts paid. EOB report information is grouped by provider with detailed payment information listed by claim number. Families actively review their EOB reports and alert Central Office when providers file a claim for services not delivered. The EOB report has created a communication line and monitoring mechanism between Central Office and EarlySteps families.

Of the 15 complaints filed, four of the complaints were related to providers billing for services not provided. These complaints originated as a written statement provided by the parent after examination of the EOB report. Further investigation revealed that providers billed for service units not delivered to the families. As a result, funds in the amount of \$992.00 were recouped from the providers of non-delivered services.

There was a parent complaint of services billed to her private insurance without her consent. The parent paid co-payments for the services billed. Since the system has not instituted a mechanism for billing private insurance, EarlySteps reimbursed the parent for co-payments in the amount of \$409.07. In addition, there were three complaints involving Natural Environment (NE) and Assistive Technology Devices (ATD) that were resolved with no findings.

Target 3.1

1. Ensure that all complaints are investigated and resolved within timelines.
2. Ensure that office procedures include the documentation of the investigation and resolution.
3. Develop complaint process and procedures for investigating complaints.

Explanation of Progress or Slippage

The EarlySteps team identified that complaints were not being processed within timelines. As a result, the EarlySteps team will refine and establish

Progress or Slippage 3.1	<p>within timelines. As a result, the EarlySteps team will refine and establish new complaint processing procedures. Moreover, delay in hiring Quality Assurance staff contributed to delays in complaint resolution. Quality Assurance staff play an integral role in responding to, investigating and resolving complaints.</p>
Projected Target 3.1	<ol style="list-style-type: none"> 1. Refine current complaint system and implement an internal system for processing complaints (See Appendix GS 3 for Complaint Process, Section 1, page 2). 2. Develop database for tracking complaints and timelines. 3. Develop standardized forms for collecting information related to complaints.
Future Activity to Achieve Projected Targets/Results 3.1	<p>EarlySteps will examine the current complaint system, and utilizing CQI principles, identify areas of improvement. Based on existing efforts, areas of improvement within the complaint system have been identified and are related to implementing a framework for complaint processing within OPH.</p> <p>EarlySteps has defined the procedures for filing complaints and outlined specific steps for processing a complaint. A complaint must be filed in writing and must contain the following information:</p> <ul style="list-style-type: none"> · A statement that there exists a violation of a requirement of Federal Part C Regulations. · The facts describing the alleged complaint. · The name, address, and phone number of the complainant and any applicable identifying information regarding the involved child. <p>The alleged violation must have occurred no more than one year before the date that the complaint is received by EarlySteps unless a longer period is reasonable because:</p> <ul style="list-style-type: none"> · The alleged violation continues for that child or other children; or · The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by EarlySteps. <p>Complaint types have been defined, are grouped into categories, and processed by the EarlySteps QAS team (See Appendix GS 3 for Complaint Types, Section 1, page 2). Procedures for processing complaints have been analyzed to identify areas for improved performance. The complaint flowchart provides a guide for complaint processing currently being implemented (See Appendix GS 3 for Complaint Flowchart Section 3, page 8). The EarlySteps Inquiry form provides a mechanism for RCs and COSs to gather information related to complaints (See Appendix GS 3 for EarlySteps Inquiry Form, Section 2, page 7). EarlySteps will work to develop a comprehensive data system that collects information related to complaints as well as the responsive monitoring process for the purposes of tracking complaints, dollars recouped and performing trend analyses in the future.</p>
Projected Timeline and Resource 3.1	<ol style="list-style-type: none"> 1. Central Office will complete the EarlySteps Complaint System revisions in January 2005.

Resource 3.1 in January 2005.

2. Central Office will complete the Complaint Data System in Spring 2005 and implement in Spring/Summer 2005.

From: 07/01/2004

To: 06/30/2005

Performance Indicator 4 There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

Baseline / Trend Data 4 The fulltime Part C Central Office staff includes 1 Program Manager, 2 Program Specialists, 1 Health Information Specialist, 1 Transition Coordinator, 1 Office Coordinator, 3 QASs, 1 Family Consultant and 9 RCs. Part-time Part C staff includes 9 Regional COS, Nursing Consultant, Social Worker and Medical Consultant to provide direct technical assistance and support to the early intervention system. Although there were numerous challenges faced by the DHH in hiring the QAS staff, DHH attained these positions in June 2004.

There are nine RCs who are responsible for convening RICCs and share a role in reviewing data, providing technical assistance related to monitoring activities, and conducting efforts to recruit providers. RCs respond to QAS monitoring reports by working with agencies and providers to develop Corrective Action Plans (CAP) and provide technical assistance to assist in the achievement of self-improvement goals. RCs are also responsible for assessing the needs of their individual regions on an ongoing basis and providing support based upon identified needs.

COSs are regionally based and support families and system development by gathering needs assessment data and by reporting on parent satisfaction and consumer needs. The COSs also communicates with parents and families to ensure that the EarlySteps system is continuously appraised of family issues and needs.

The Louisiana State Interagency Coordinating Council (SICC) for EarlySteps has 34 total members. There are nine (9) parent representatives, which make up 26% of the total membership. Of these nine parent representatives, six (6) have children under the age of six (6). The Membership Committee of the SICC ensures that membership meets federal requirement.

The System Resource Committee of the SICC advises and assists DHH on recommended funding sources and resources to support the EarlySteps system.

The Comprehensive System of Personnel Development (CSPD) committee of the SICC advises and assists the DHH concerning the recruitment, retention and training of providers. CSPD, a required component of the Part C EI system, is designed to meet the federal requirements. This personnel development system:

personnel development system:

1. Provides for preservice and inservice trainings conducted on an interdisciplinary basis to the extent appropriate
2. Provides for training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as intake and family support coordinators
3. Ensures that the training provided relates specifically to: a. understanding the basic components of early intervention services available in the state b. meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under this part; and,

c. assisting families in enhancing the development of their children, and fully participating in the development and implementation of IFSPs.

There were several administrative structural changes to the Louisiana Part C system. DHH implemented a system for the enrollment and payment of service providers through a Central Finance Office (CFO). Providers who meet the personnel standards are verified and enrolled in the system by the CFO. A main goal in the transition of Lead Agency from DOE to DHH, was to avoid losing existing service providers as well as expanding the participation of partners at the state and local levels to reflect the diversity of resources, supports and services. DHH expanded the provider pool by allowing independent providers to enroll with the CFO. This type of provider system allows for increased availability of service providers as well as provides families choices in the selection of providers to meet their child and family needs.

All early intervention providers enrolled in the EarlySteps CFO must complete a core set of modules within two years of enrollment. The core modules are:

1. Orientation to EarlySteps: In this module, early intervention providers learn how Louisiana implements Part C of IDEA. The purpose, mission and philosophy of the system is described in detail as well as expectations for providers.
2. Evaluation and Assessment in EarlySteps: This 2-day module describes in detail the process of eligibility determination (evaluation in Part C) and assessment for IFSP planning. A case-study methodology is used to assist early intervention providers in application of this knowledge.
3. Individualized Family Service Plan (IFSP): This 2-day module leads early intervention providers through the planning and development process of a quality IFSP. A case-study approach is used and all providers are trained in the use of an IFSP quality rating tool.
4. Leadership through Supervision: This 3-day module is designed for support coordinators and their supervisors. Both types of support coordinators, intake and family support, are required to successfully complete this module in addition to the core modules listed above.

At the end of the Evaluation and Assessment and IFSP modules, all providers are required to successfully complete an on-line assessment that measures knowledge and application. Failure to successfully complete the assessment after two attempts results in the provider being required to take the trainings again and attempt the assessment a third time. If after the third attempt the provider is unable to successfully complete the assessment, the provider is dis-enrolled from the CFO. To date, a total of 13 series (39 sessions) has been completed. The total number of providers who have completed training was 864, with 864 completing Orientation, 599 completing Evaluation and Assessment and 458 completing IFSP Training.

In addition, the Louisiana's Early Intervention Institute's Project PACT (Partnership for All Children Together) has trained childcare and EarlySteps providers on best practices and inclusion of children with disabilities in childcare settings.

As of July 01, 2003, there were 2,963 children who were enrolled by the former lead agency, DOE. Initial provider enrollment as of July 1, 2003 was 1,343. By June 30, 2004, 4,361 children had active IFSPs and 2,032 providers were enrolled in the data system (See Chart GS 1 for Providers by Region).

Family Survey Data:

EarlySteps established a system to gather feedback from families regarding their experiences with the Part C System. On September 29, 2004, EarlySteps sent a Family Survey to every family who had been enrolled in the EarlySteps system since July 1, 2003 (See Appendix GS 4, for Family Survey). The survey included all families who received services during the APR reporting period. A total of 8,665 surveys were mailed to Louisiana families, with 1,898 families completing the survey. Analysis of the information gathered from the survey revealed that most families reported satisfaction with services received. Additionally, 72% of families responding indicated that they are receiving services listed in the IFSP because providers are available (See Appendix GS 4 for Family Survey, Question # 35). In the future, this information will be analyzed by region to assist with determining provider shortage areas.

Target 4.1

Louisiana will ensure that an adequate supply of early intervention providers is available in all regions of the State.

Explanation of Progress or Slippage 4.1

Through targeted recruitment of providers by RCs and professional organizations, EarlySteps increased its provider base to serve children and their families. Regional Coordinators are available to assist families and support coordinators to identify a provider for the service.

Projected Target 4.1

1. Ensure that there exists adequate numbers of providers to support the increase in enrollment.
2. Modify existing Early Intervention Data System (EIDS) data system in Spring 2005 adding a field to collect "No Provider Available" (NPA) data to track provider shortages.

Future Activity to Achieve Projected Targets/Results 4.1

EarlySteps will work with the Case Management Alliance and The Bureau of Community Supports and Services (BCSS) to review and revise policies and procedures to assist with the recruitment of FSCs.

EarlySteps will modify the existing EIDS data system by adding a field that will capture data reflecting provider availability around the state. A field that

will capture data reflecting provider availability around the state. A field that will capture NPA data will assist the lead agency with producing figures reflecting provider availability across DHH regions. NPA data will be used as a basis for Regional Recruitment Plans developed by the RCs. RCs will monitor provider shortages on a regular basis and report areas of concern to Central Office. Through activities such as RICC meetings, RCs will conduct recruiting sessions as an effort to bring new providers to EarlySteps. By monitoring provider enrollment via the Service Matrix, RCs will also track provider enrollment and identify shortage areas. Additionally, RCs will attend community events and health fairs to distribute EarlySteps material targeting providers from various disciplines.

A follow up family survey will be conducted to increase the response from families receiving services in areas where provider shortages may exist.

The CSPD committee of the SICC will continue to assist the lead agency in the identification and recruitment of appropriate early intervention providers.

Lastly, EarlySteps will focus on evaluating training needs and providing training in areas where new providers may be located. Continuous evaluation of training needs around the state will also ensure that providers who are available and are providing services are properly trained.

**Projected Timeline and
Resource 4.1**

1. The RCs will review provider enrollment on an ongoing basis.
2. RICC & SICC review of provider data on a quarterly basis.
3. The CSPD committee will evaluate training needs on a quarterly basis.
4. Central Office and RCs will develop Regional Recruitment Plans during the Summer/Fall 2005.

From: 07/01/2004

To: 06/30/2005

Performance Indicator 5

The state procedures and practices ensure collection and reporting of accurate and timely data.

Data is essential to Louisiana's obligations of supervision and monitoring. The majority of the data collection requirements for the Part C system are incorporated into the Central Finance Office (CFO) and System Point of Entry (SPOE) functions. EarlySteps has developed a comprehensive data system, EIDS that is a child specific data system tied to a finance system. The data system is equipped to collect various data elements including referral data, child data, early intervention provider data, family selection data, IFSP data and service authorization data.

The data is utilized at three levels. The first level is for federal reporting, which includes information focusing on the numbers of children served through an IFSP and service delivery including personnel. The second level of data utilization focuses on facilitating state and local planning. The third level of utilization is dedicated to continuous quality improvement at

	third level of utilization is dedicated to continuous quality improvement at the state and local levels.
Baseline / Trend Data 5	A variety of data are available at the local SPOE for review as well as routine data summaries distributed statewide by EarlySteps Central Office that provide a comparative profile of activities across all parishes in Louisiana. To support the State Interagency Coordinating Council (SICC), data is provided at quarterly SICC meetings related to child count, provider count, financial updates, monitoring results, complaint data and dollars recouped.
Target 5.1	<ol style="list-style-type: none"> 1. Educate the Central Office staff on the availability of data. 2. Provide technical assistance to SPOE data entry personnel to learn the data system and troubleshoot data errors.
Explanation of Progress or Slippage 5.1	The data conversion that occurred during the transition between lead agencies resulted in a large amount of data discrepancies. Data discrepancies were caused by system incompatibility and lack of knowledge on the part of the data input personnel. Additionally, delays in hiring a statewide Data Manager contributed to a delay in addressing data discrepancies.
Projected Target 5.1	EarlySteps will develop methodology to assess the level of data error and time allocated to improving data integrity.
Future Activity to Achieve Projected Targets/Results 5.1	<p>The EarlySteps team will develop data validation procedures for resolving data discrepancies with SPOE agencies. Data validation procedures will be posted online and distributed statewide (See Appendix GS 5 for SPOE Data Maintenance, Procedural Clarification # 15, Data Validation).</p> <p>Statewide, regional profiles will be posted to the EarlySteps website for use by RICCs and stakeholders.</p>
Projected Timeline and Resource 5.1	<ol style="list-style-type: none"> 1. Central Office will develop SPOE data validation procedures in April 2005. 2. Central Office will develop Statewide and Regional Profiles in June 2005. <p>From: 07/01/2004 To: 06/30/2005</p>

Cluster II :: Comprehensive Public Awareness and Child Find System

[Chart 1 Trend 0-3\(2\).doc](#)
[Chart 2 Trend 0-1-2\(2\).doc](#)
[CHART 4 CUMULATIVE 0-1\(2\).doc](#)
[CHART 5 REF.doc](#)
[CHART 6 FS Results.doc](#)
[CHART3 CUMDAT-1\(2\).doc](#)
[flywheel.pdf](#)

Question: Does the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers?

*** State Goal** Louisiana will ensure the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers.

Performance Indicator 1 The percentage of eligible infants and toddlers with disabilities who are receiving Louisiana Part C services is comparable to state and national data for the percentage of infants and toddlers with developmental delays.

EarlySteps has implemented a comprehensive child find system that includes a public awareness system that focuses on early identification of children who are eligible for Part C services. The Louisiana Department of Health and Hospitals (DHH), along with the advice and assistance of the State Interagency Coordinating Council (SICC) has taken several measures to inform the public about the purpose and scope of the EarlySteps system. Public awareness and Child Find are linked components in the EarlySteps system. Effective public awareness efforts reach out to referral sources, engage and inform them about the EarlySteps system, and alert them to their responsibilities related to referral.

I. Procedures DHH has implemented the following methods to ensure that a comprehensive child find system is in place that assures:

1. All infants and toddlers in the state who are eligible for early intervention services are identified, located, and evaluated for eligibility determination and service planning as appropriate
2. An effective method is developed and implemented to determine which children are receiving needed early intervention services
3. A mechanism is in place to identify the potential number of children who may not be receiving needed services

The EarlySteps public awareness program focuses on both internal and external audiences to accomplish the above goals.

1. Internal Audiences include all appropriate state agencies, local providers, and agency personnel that are working with early intervention.
2. External Audiences include the medical community and members of formal organizations interested in early intervention (e.g., advocates, public and private service providers, parents/legal guardians, civic, business and professional organizations, churches, child care, educators, and teachers).

Targeting Internal Audiences: EarlySteps has developed several methods

Targeting Internal Audiences: EarlySteps has developed several methods of providing information on early intervention to appropriate state agencies, local providers, and agency personnel working with early intervention which includes a toll free number (1-866-EarlySteps) and a comprehensive website at www.oph.dhh.louisiana.gov contains information for parents, providers, and all stakeholders. By accessing the website, parents can obtain information on child development, early intervention resources, and best practices. Providers can obtain information on personnel standards, Part C laws and regulations, and enrollment forms. EarlySteps held monthly videoconferences to provide information to stakeholders and enable them to ask questions. Furthermore, five State Interagency Coordinating Council (SICC) meetings were held during the reporting period from July 01, 2003-June 30, 2004.

Targeting External Audiences: EarlySteps has developed methods of providing information on early intervention to external audiences. Zehnder Communications, a local advertisement agency, assisted the lead agency in developing the following materials:

1. EarlySteps, new name recognition for the system formerly known as ChildNet.
2. Brochures that explain the purpose and scope of the system, how to make referrals, how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services, and provide the toll free number to the central directory. Brochures are available in English, Vietnamese, and Spanish, the three most common languages spoken in Louisiana (See Appendix CF 1a for Brochure Front and CF 1b for Brochure Back).
3. Posters that provide information on how to make referrals and how to access the central directory
4. Developmental Wheels that enable parents and referral sources to compare their child development to developmental milestones at 3, 6, 9, 12, 18, and 24 months. This wheel serves as a tool to determine whether a referral should be made. It also contains information to access the central directory (CF 1c for Developmental Wheel).
5. Promotional items such as stress ball pens, water bottles, rolodex cards, folders, and post it note pads were also use to promote the program to external audiences
6. Television and radio advertisements contained the same information as the brochure were aired statewide during two week periods in January 2004 and July 2004.

Child Find efforts at the state level and in local service areas include a variety of approaches designed to inform and educate families and providers about:

1. Issues and concerns for children and their development.
2. Resources and contacts for information, identification, and referral.

Child Find activities reflect public and private partnerships and are sensitive to issues related to accessibility, cultural and ethnic diversity, and

sensitive to issues related to accessibility, cultural and ethnic diversity, and diverse communication styles. These efforts are:

1. Built on community-based networking among a diverse group of early intervention professionals, including local education, social service, medical clinics and hospitals, childcare agencies, Head Start representatives etc.
2. Coordinated through Regional Interagency Coordinating Councils (RICCs).
3. Developed to reflect the service delivery system that exists in the community.

II. Coordination

Role of the Regional Coordinators (RC) and Community Outreach Specialists (COS) in Child Find

In each of the nine regions of the state, a RC representing the Lead Agency and COS, a contract employee who has a child or family member with a developmental disability, work together to promote public awareness of Part C to encourage early identification and referral of children suspected of having a developmental delay. Both the RCs and COSs engage in ongoing identification of state and local agencies, social service agencies who focus on implementing the Child Abuse Prevention and Treatment Act (CAPTA), community stakeholders, medical providers, hospitals, NICUs, service organizations, parent advocacy and support groups to educate through presentations and distribution of printed materials. Presentations include information on eligibility requirements, referral process as well as mandatory reporting requirements per IDEA. Visits are made periodically to encourage continuing identification and referral to EarlySteps.

Printed materials such as EarlySteps Brochures, EarlySteps Developmental Wheels, Part C Fact Sheets and other PR materials are distributed during presentations, health fairs, and at sites visited by children and families. Materials are refurbished periodically by the COS.

Interagency and community partnerships are established by RCs and COSs participation in regional and local activities, serving on local councils, boards, etc. Facilitation and coordination of development of Regional Interagency Coordinating Councils are important roles of RCs and COSs. Regional Councils promote Child Find in local, rural and underserved areas.

In order to develop a comprehensive outreach system, many different methods of outreach were utilized throughout the state from July of 2003 to June of 2004. Health fairs, conferences, job fairs and Baby Days at Wal-Mart offered additional opportunities for outreach throughout the state. In addition to the many places where presentations were held, the Regional Coordinators and Community Outreach Specialists found many additional and unique places to distribute EarlySteps brochures, posters and other informational materials. Some examples of these are grocery stores, gas stations, rest stops, churches, battered women shelters, and pre-natal classes and homeless shelters.

classes and homeless shelters.

Presentations were given at local daycares, physician offices, schools, civic organizations, parish health units, local hospitals, and other state agencies. Furthermore, EarlySteps conducted presentations to the Louisiana Social Work Association, Louisiana Childcare Association, Louisiana Occupational Therapy Association, and the American Association of Pediatrics. Presentations that discussed CAPTA and how it applies to Part C were conducted at the Office of Community Support (OCS) Prevent Child Abuse Conference and at the Department of Social Service Annual Conference for Supervisors and Managers. These presentations provided information on the requirements of a child find system and where to refer children for eligibility determination.

Regional Coordinators and Community Outreach Specialists worked in compliance with the CAPTA laws (See Appendix CF2 for CAPTA Laws and Regulations). Such services shall be provided within or outside the home of the child, be short-term care (ranging from a few hours to a few weeks of time, per year), and are intended to enable the family to stay together and to keep the child living in the home and community of the child.

EarlySteps also collaborated with the statewide New Born Hearing and Screening programs and the Sound Start programs statewide. Information on EarlySteps was provided to these programs to include in their brochures and print materials. Furthermore, providers from several disciplines, teachers for the hearing and vision impaired, FSCs and SPOE personnel attended EarlySteps videoconferences, trainings, and meetings to keep abreast of early intervention activities within the state.

Role of the State Interagency Coordinating Council (SICC) in Child Find

The SICC provides advice and assistance on the Comprehensive Child Find and Public Awareness components of the system. The SICC Public Relations committee collaborates and coordinates events and workshops to promote child find efforts at the state and regional level. The SICC works collaboratively with the Regional Interagency Coordinating Councils (RICC's) to promote EarlySteps and interagency collaboration through public awareness and child find efforts at the regional level. Role of the Regional Interagency Coordinating Council (RICC) in Child Find

The RICC assists with locating and coordinating existing services and planning a local system that meets the community's needs for locating, referring, and serving infants and toddlers, and their families. Local child find efforts are supported through a variety of state-level efforts including state-level interagency agreements. These inter-and intra-agency agreements ensure that the Part C system Child Find component is coordinated with all major Child Find efforts of other state agencies.

III. Referral Procedures

Referral is actually the first service that an eligible child and his/her family receive from the Part C system. The SPOE system ensures that every child in Louisiana and their family have equal access to the early intervention system; regardless of where they live. Each RICC works to strengthen their local Part C system, building a strong network between the RICC's, the SPOEs and the primary referral sources in their community.

A primary referral source is the individual or agency that first referred the child to the System Point of Entry(SPOE). A standardized referral form has been developed, along with a cover letter intended for distribution by the local SPOEs, for all referral sources (See Appendix CF3 for Referral Form)

Referral sources receive an acknowledgment of the referral as part of the standard practice of the SPOE. This notification is simply for the purpose of acknowledging the receipt of referral and does not necessarily mean contact with the family has occurred. This acknowledgement does not include any personally identifiable information unless the parent has given consent to include it. Any further information regarding test results or types of early intervention cannot be shared without informed written consent from the parent(s).

At the point of referral, the SPOE will open both the paper and electronic early intervention records. An Intake Coordinator is required to contact the family within 48 hours.

Baseline / Trend Data 1

PR Data:

A total of 33,717 materials were disseminated to both internal and external audiences statewide. This information was collected from the distribution logs of the COSs to track how materials are being disseminated statewide.

EIDS Data:

Trend Data for Child Count ages 0-3 on December 2002, 2003, 2004(See Chart CF1 for Trend Data for Child Count 0-3).

Chart CF1 indicates a continual increase in the actual number of children served by EarlySteps on December 01 of each year. The 2002 data was reported by the Department of Education. The green column is the child counts while the red column represents 2% of Louisiana's population based on the 2000 census data. The blue column represents 2% of the national average, based on OSEP recommendations. The December 1st child count data indicates in 2002 Louisiana served .9% (2,483) of the total population, in 2003 the system Louisiana served 1.3% (3,440) and in 2004 Louisiana served 1.7% (4,543) of the national average. The state will continue to identify children to increase this number to meet OSEP 2% benchmark of is approximately 5,074 children.

Cumulative Child Count for ages 0-3 from July 01, 2003-July 30, 2004(See Chart CF3 for Cumulative Child Count for ages 0-3).

Chart CF3 indicates the total number of infants and toddlers ages 0-3 with active IFSPs enrolled in EarlySteps. OSEP requires a child count on the first of the month, however, this chart captures all children with an active IFSP on any day of the reported month, and not terminated from EarlySteps as of the first day of the reported month. There is a steady increase in the number of children over time of which an increase of 27.6%(1,402) occurred during this reporting period. These changes can be attributed to the comprehensive outreach efforts conducted by our Regional Coordinators and Community Outreach Specialists.

Primary Referral Sources (See Chart CF5 for Primary Referral Sources). Chart CF5 indicates the percentage of referrals based on their source of referral. Parents and physicians account for the greatest number of referrals. The data indicates that a grassroots approach to partnership

referrals. The data indicates that a grassroots approach to partnership building is more effective than relying on print and electronic media. EarlySteps will expand upon its current efforts by continuing to develop partnerships in order to foster a more cohesive and comprehensive early intervention system.

Family Survey Data:

The data in Chart CF6 (See Chart CF6 for Family Survey Data) was collected from a family survey conducted in 2004. This data indicates that hospitals, friends, and the media played an important role in informing parents about EarlySteps. The question posed to families was: How did you hear about EarlySteps? (See Appendix GS 4 Family Survey, Question 4). Table 3 illustrates how 1,898 families responded to Question 4. The majority of families (54%) were informed of Louisiana early intervention system when a doctor or hospital told them about EarlySteps. Likewise, families and friends informed 387 (20.4%) families about Louisiana early intervention system. Radio/Television 46 (2.4%) Doctor/Hospital 1026 (54.0%) Friend/Family 387 (20.4%) Newspaper 10 (.5%) Parent of child in EarlySteps 168 (8.9%) Other 382 (20.1%) also contributed to referring parents to the system.

Target 1.1

Louisiana increased the percentage of eligible children by 25% for a total of 4,378 by June 30, 2004.

Explanation of Progress or Slippage 1.1

Louisiana continues to show a steady increase in the number of eligible children served by the system. The child count on December 1, 2004 (4,543) exceeded the target by 3.7% (165 children). While, the child count on December 1, 2003 was below the national average, this data does not completely capture the total number of children served by the system. By examining the cumulative count of children served from July 1, 2003 through June 30, 2004 there are actually more eligible children receiving services than what is represented on the December 1, 2003 child count. (See Chart CF3 for Cumulative Child Count for Children 0-3)

Projected Target 1.1

Louisiana will increase eligible children ages 0-3 by 45% to 5,074 to meet the 2% benchmark set by OSEP.

Future Activity to Achieve Projected Targets/Results 1.1

To increase the number of children, EarlySteps Central Office will examine child count and referral data in each region to determine which areas require more extensive outreach efforts. These regional profiles will be distributed to all RICCs and will be posted on the website in order to assist with child find efforts statewide.

EarlyStep Central Office will work with the SICC Public Relations committee to plan a promotional event to commemorate the one-year anniversary of EarlySteps and will continue to collaborate with other agencies to hold statewide events to increase awareness about the system.

EarlySteps Central Office will seek out corporate sponsorships to obtain promotional materials that are appropriate for families with young children to distribute at health fairs and presentations.

EarlySteps Central Office will develop a system to track the number of hits on the EarlySteps website, as well as the number of phone calls received by the Central Directory. The number of phone calls will be tracked by reviewing the phone bills and by examining data collected in the data system. A mechanism has been installed in the data system to ask families where they heard about EarlySteps. With the implementation of a new automated routing system, calls will be immediately transferred to the

	<p>automated routing system, calls will be immediately transferred to the appropriate SPOE allowing parents or referral sources to speak directly with an intake coordinator and begin the referral process.</p> <p>Upon OSEP approval of the Parent Rights, the contracting advertisement agency will develop Parent Rights booklets for all parents entering the system.</p> <p>EarlySteps Central Office will develop a Best Practices Fact Sheet and a corresponding power point to inform parents and providers on the recommended methods of instruction for early intervention.</p>
Projected Timeline and Resource 1.1	<ol style="list-style-type: none"> 1. EarlySteps Central Office will implement a tracking system to measure calls made to SPOEs in December 2004. 2. EarlyStep Central Office will develop Best Practices Fact Sheet and Power Point presentation in March 2005. 3. EarlySteps will post statewide and regional childcount and referral information on website in April 2005. 4. DHH Office of Website Communication will track hits to the website beginning June 2005. 5. Contracting Advertisement agency will develop Parents Rights Booklets in June 2005. 6. EarlySteps Central Office will seek Corporate Sponsorships on an ongoing basis. 7. SICC PR committee will plan a Public Awareness Event in September 2005. <p>From: 07/01/2004</p> <p>To: 06/30/2005</p>
Performance Indicator 2	<p>The percentage of eligible infants with disabilities under the age of one that are receiving Louisiana Part C services comparable with State and national data</p>
Baseline / Trend Data 2	<p>EIDS Data:</p> <p>Trend Data for Child Count ages 0-1 on December 1, 2003 and December 1, 2004 (See Chart CF2 for Trend Data for Child Count 0-1).</p> <p>Chart CF2 indicates an increase in the actual number of children served by EarlySteps ages 0-1 on December 1, 2003 and December 1, 2004. The green column represents the actual child count while the blue column represents 2% (1,306) of all children ages 0-1 in Louisiana. The total number of children ages 0-1 in Louisiana was collected from the Vital Records Department of the Office of Public Health. The child count for children 0-1 on December 1, 2002 was 331 or .5% of the total children born</p>

	<p>children 0-1 on December 1, 2002 was 331 or .5% of the total children born in 2003. In 2003 EarlySteps served 3.42% (2,234) of the population and in 2004 the system provided services to 4.49%(2,934) of children ages 0-1.</p> <p>Cumulative Child Count for ages 0-1 from July 1, 2003- June 30, 2004 (see Chart CF4 for Cumulative Child Count for ages 0-1).</p> <p>Chart CF4 represents the child count numbers for children ages 1 and under from July 2003 through June 2004. The data illustrates a steady increase in enrollees during the reporting period. There was an increase of 1.2% (839 children) during the reporting period.</p>
Target 2.1	Continue to serve a minimum of 1,306 children ages 0-1 or 2% of the birthrate in Louisiana.
Explanation of Progress or Slippage 2.1	<p>The number of children ages 0-1 was higher than the benchmark of 2% of Louisiana's birthrate (See Chart CF2 for Child Count for Children ages 0-1). There was an overall increase in referrals of 13% from July 2003 to June 2004. This increase can be attributed to outreach efforts by the RCs and COSs. Different methods were used in order to target primary referral sources throughout the state. EarlySteps, submitted a newsletter article to the American Association of Pediatrics and sent letters to all of the pediatricians in the state in November of 2003 in order to inform them about the EarlySteps system and their obligation to refer patients with suspected developmental delays. Outreach efforts included targeting NICUs, prenatal and pregnancy classes, talking with physicians and nurses in hospitals, visiting physician offices and attending numerous health fairs. EarlySteps brochures and developmental wheels were also distributed to hospital nurseries for them to be given to mothers before they leave the hospital. The RCs and COSs throughout the state NICUs, physicians' offices with their staff to inform them about EarlySteps and the referral process.</p>
Projected Target 2.1	Continue to serve no less than 1,306 children ages 0-1 or 2% of the birthrate in Louisiana.
Future Activity to Achieve Projected Targets/Results 2.1	<p>EarlySteps will continue to target more NICUs, hospitals, and physicians statewide to maintain the number of children ages 0-1.</p> <p>RCs and COSs will continue to provide developmental wheels and information to physicians and NICUs on how to make referrals.</p> <p>EarlySteps will coordinate activities with the newly developed Louisiana Birth Defects surveillance program in order to gain access to children who may need early intervention services.</p> <p>EarlySteps will continue to collaborate with agencies such as Office of Citizens with Developmental Disabilities (OCDD), Department of Social Services (DSS), Office of Community Support (OCS) and Office of Family Support (OFS), Office of Maternal and Child Health, and the Department of Genetics will continue throughout the year.</p>
Projected Timeline and Resource 2.1	<ol style="list-style-type: none"> 1. RCs and COSs will continue targeting outreach efforts to NICUs and Hospitals on an ongoing basis. 2. RCs, COSs and Central Office will coordinate activities with Louisiana Birth Defects beginning June 2005. 3. RCs and Central Office will collaborate with the Office of Public Health agencies including Maternal and Child Health and Genetics on an ongoing

agencies including Maternal and Child Health and Genetics on an ongoing basis.

4. RCs and Central Office will continue to collaborate with OCDD and DSS agencies (OCS, OFS) on an ongoing basis.

From: 07/01/2004

To: 06/30/2005

Cluster III :: Family-Centered Services

	<p>future after participating in the Part C System (Q 30)</p> <p>94% of families responded that EI had a positive impact on their family (Q 21)</p> <p>88% of families reported that they had learned how to work with professionals and advocate for their children (Q 22)</p> <p>85% of families reported that they became more knowledgeable about services EarlySteps offered after receiving the Explanation of Benefits(EOB) (Q 31)</p>
Target 1.1	
Explanation of Progress or Slippage 1.1	
Projected Target 1.1	95% of families returning the Family Survey will agree with the statement "Early intervention services have had a positive impact on my child."
Future Activity to Achieve Projected Targets/Results 1.1	<p>EarlySteps will utilize several methodologies to capture family input about the Part C System and services, including family survey and focus groups. The statewide parent consultant and regional COS staff will collaborate with Parent Training and Information(PTI) to facilitate focus groups of enrolled families statewide to discuss best practices in EI.</p> <p>Additional educational materials for parents about best practices in EI will be developed. A best practice fact sheet will be completed and mailed to all parents enrolled in the Part C System during FY 2005, which will provide information to families about EI services, how to advocate for their child and how to work with providers to achieve the outcomes for their child. In addition, a power point presentation will be developed for COS staff to use in community settings to educate families in understanding EI services and how to best advocate for their child. Also, an EI guide for families will be completed. The purpose of this guide will be to assist families through the EI system by informing them of available EI services, information about participation in the Part C System and their role in participating in Part C. Parent staff will collaborate with OCDD, Medicaid, CSHS, and other agencies in the development of this guide.</p>
Projected Timeline and Resource 1.1	<p>1. EarlySteps COS' will collaborate with PTI to begin holding focus groups to obtain the opinion of families regarding services by December 2004.</p> <p>2. EarlySteps Statewide Parent Consultant will collaborate with OCDD, Medicaid, Bureau of Community Supports and Services (BCSS), Childrens Special Health Services (CSHS), and other agencies to develop educational materials for families: best practice fact sheet, power point presentation and EI Guide by June 2005.</p> <p>From: 07/01/2004</p> <p>To: 06/30/2005</p>
Performance Indicator 2	Families will report that it was easy for them to obtain the supports, services and resources that were needed for their child.

services and resources that were needed for their child.

EarlySteps RCs provided ongoing TA to the SPOEs and FSCs to address the issue of linking families to all supports and services needed, as identified on the IFSP.

According to 34 CFR 303.344 – Content of the IFSP

(b) Family Information With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

(c) Outcomes

The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures and timelines used to determine- (1) The degree to which progress toward achieving the outcomes is being made; and (2) Whether modifications or revisions of the outcomes or services are necessary.

EarlySteps developed a family assessment to capture the concerns, priorities and resources of the family. Families were asked to complete this assessment after eligibility was established and prior to IFSP development. The family assessment was voluntary on the part of the family. The family assessment included information regarding the family's concerns, the child's current abilities, the mother's pregnancy and what further information the family wanted to receive. This information was reviewed again during IFSP development. Families were asked if they have questions or wanted more information about development issues and special needs (See Appendix FSC.1 for IFSP, Sections 3 & 4).

IFSP outcomes were determined from families concerns, priorities and resources. These outcomes included how the family worked the outcome into their daily routines and activities; people, resources, special accommodations, adaptations/equipment that were needed; and how the team measured progress. In addition, a component of the IFSP included a method for team members to judge how progress was being made for each of the IFSP outcomes. Procedures were developed for team members to monitor service delivery to determine the degree to which progress toward achieving the outcomes was being made and whether revision or modification of the outcomes or services was necessary. EarlySteps COS provided one-on-one TA to families, as requested, to educate them about their rights and roles in Part C, including participating in the family assessment and in being an active member of IFSP development.

A component of the FSCs role was to work with the families and service providers to determine continuing eligibility for the Part C System, and in annual IFSP development. It was the responsibility of the FSC to convene eligibility and IFSP team meetings according to policy. The IFSP team served as the eligibility team and worked with the family to complete the annual "Summary of Family Concerns, Priorities, and Resources" section of the IFSP (See Appendix FSC.1 for IFSP, Sections 3 & 4). If the child remained eligible for Part C services, a new IFSP was completed including family and child centered outcomes (See Appendix FSC.1 for IFSP, Section 7).

A vital role of the EarlySteps system was linkages to needed services. EarlySteps initiated a service matrix system to assist families in selecting

EarlySteps initiated a service matrix system to assist families in selecting EI providers. Service providers were listed on the service matrix by parish, discipline and availability. This system was available for families to view over the Internet. In addition, FSCs also presented service matrix information to families from computer printouts.

TA regarding linking families to needed services identified on the IFSP was a key component of the work of the RCs statewide. RCs provided ongoing TA to ICs and FSCs, including information about linking families to needs identified on the IFSP. RCs held monthly meetings with each SPOE and FSC agency individually, in addition to a monthly group service coordination meeting to which all SC were invited. These meetings were designed to provide updates, share information on resources, and assist the ICs and FSCs problem solve any barriers they may be experiencing in helping families with supports, services and resources. RCs were available by phone and email at any time to provide TA on an as needed basis for ICs and FSCs. RCs participated in local and regional meetings of various service groups and organizations in order to identify potential resources for children and families and keep the SCs updated with any changes. RCs supervised and supported the COS in the development of regional resource binders with information to be shared with families, ICs and FSCs and other stakeholders.

As a component of training during 2003-2004, EarlySteps provided information and guidance to ICs and FSCs on Children's Special Health Services (CSHS), Medicaid and Office for Citizens with Developmental Disabilities (OCDD). In addition, the EarlySteps application was developed to be a common application for several programs in DHH other than EarlySteps. CSHS (Title V), Medicaid and (OCDD) also accepted the EarlySteps application as an entry into their systems. Extensive training was given to FSCs on how to use the EarlySteps application to link families to these services.

According to 34 CFR 303.322 Evaluation and Assessment:

Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. As a component of the initial and on-going re-determination of eligibility in Part C, each child in EarlySteps must have a timely, comprehensive, multidisciplinary evaluation. SPOEs must conduct evaluations and assessments and convene the initial IFSP meeting within 45 days of referral. Only the family can request an extension of the 45-day timeline. In addition, re-determination of eligibility must be done yearly, prior to the annual IFSP. The IFSP team serves as the eligibility team and reviews the child's ongoing information to judge continued eligibility for Part C services.

Baseline / Trend Data 2

Family Survey Data: Supports, Services and Resources: 1898 families responded to a Family Survey who had received services through EarlySteps and reported the following about Part C supports, services and resources (see Appendix GS 4 for Family Survey):

92% of families reported that it was easy to find out if their child was eligible for EI services (Q 6)

74% of families had an IC contact them within 2 days of being referred to EarlySteps (Q 5)

EarlySteps (Q 5)

96% of families responded that the EarlySteps process was easy to understand (Q 8)

90% of families reported that it was easy to obtain services that were needed for their child and family (Q 7)

68% of Family Survey respondents reported that they routinely used the help of their FSC (Q 18)

80% of families indicated that the FSC helped them to obtain services they needed in a timely way (Q 20)

84% of families found information they received from EarlySteps to be helpful (Q10)

93% of families reported receiving information about how receiving early intervention services would benefit their child (Q 17)

68% of families responded that other services, such as transportation and childcare, were considered when planning for their child's services (Q14)

76% of families reported that their FSC had contact with them to talk about the services listed in their IFSP(Q 19)

84% of families in the Family Survey reported that they were not receiving services other than Part C (Q 34)

Family Survey Data:

Content of IFSP: 1898 families responded to a Family Survey who had received services through EarlySteps and reported the following about content of the IFSP (see Appendix GS.4 for Family Survey):

91% of families responded that all of their concerns about their child's development were addressed before the IFSP was developed (Q 9)

93% of families reported that their child's IFSP was based on issues important to the family (Q 15)

55% of families reported satisfaction with finding EI providers using the service matrix (Q 26)

68% of families reported that other services, such as transportation and childcare, were considered when planning for their child's care (Q 14)

16% of families reported receiving services other than those provided by EarlySteps (Q 34)

Compliance Monitoring:

DHH conducted follow-up monitoring on agencies found out of compliance by the previous lead agency, DOE. Results of this monitoring were that out of the 6 FSC agencies that had findings related to IFSP outcomes, 5 were

of the 6 FSC agencies that had findings related to IFSP outcomes, 5 were found to have corrected all deficiencies related to IFSP outcomes. One (1) FSC agency continued to be out of compliance and was required to correct deficiencies related to IFSP outcomes through the implementation of a CAP. No FSC agencies were out of compliance for the statement of the family's resources, priorities and concerns related to enhancing the development of the child. SPOE monitoring of IFSP content is scheduled for August and September, 2004. FSC monitoring will follow in December 2004 and January 2005.

Family Survey Data:

Evaluation and Assessment: 1898 families responded to a Family Survey who had received services through EarlySteps and reported the following about evaluation and assessment (see Appendix GS.4 for Family Survey):

92% of families responded that it was easy to find out if their child was eligible for early intervention services (Q 6)

92% of families reported that they received appropriate information and explanations about the services their child needed (Q 25)

Compliance Data:

DHH routinely monitored evaluation and assessment data from the EIDS. The QASs sent each SPOE a quarterly report, including a listing of cases that exceeded the 45-day timeline. SPOE personnel were responsible for reviewing the report and submitting a response to Central Office explaining why a case had exceeded timelines.

DHH conducted follow-up monitoring on agencies found out of compliance by the previous lead agency, DOE. As no agencies were out of compliance for evaluation and assessment, DHH did not monitor any agencies for this indicator. SPOE monitoring of evaluation and assessment is scheduled for August and September 2004. FSC monitoring will follow in December 2004 and January 2005.

Target 2.1

90% of families returning the Family Survey will agree with the statements "It was easy to obtain the services that are needed for my child and family."

Explanation of Progress or Slippage 2.1

Since transfer of LA, this is the first Family Survey conducted by DHH. Therefore, no documented slippage can be ascertained.

Projected Target 2.1

95% of families returning the Family Survey will agree with the statement "It was easy to obtain the services that are needed for my child and family."

Future Activity to Achieve Projected Targets/Results 2.1

EarlySteps will collaborate with PTI to develop community based education and training programs for families, with a specific focus of assisting families to be prepared for IFSP development for their child. The goal is to develop ongoing training programs in each region of the state by fall 2006. The COS staff will be responsible for assuring that there are adequate number of training opportunities for families in each region.

A linkage form will be developed to document each process involved in providing Part C services to children and their families, from referral through development of the IFSP, to transitioning out of the Part C System. The linkage form will summarize the IFSP by linking the child's developmental delayed area(s) with the major outcome(s) expected to be achieved by the child and family and the EI services necessary to meet the

achieved by the child and family and the EI services necessary to meet the unique needs of the child and family, including intensity frequency, and location. The QASs will use the linkage form as a monitoring tool to ensure that children and their families are receiving EI services in accordance to Part C federal regulations.

The IFSP will be revised by fall 2005 to capture linkages as identified by family's concerns. This improvement of the IFSP will assist EarlySteps in analyzing whether FSCs are facilitating linkages according to identified family need. Capturing this data will also assist in future TA and training for FSCs.

A self-assessment tool will be developed for FSC agencies, as well as other providers. The QASs will verify the information in the self-assessment. Providers that are out of compliance will be required to submit CAPs and assurance statements that include timelines for corrections. These plans will be monitored on a monthly, quarterly, or bi-yearly basis, depending on the percentage of noncompliance. Persistent noncompliance will result in termination as an EarlySteps provider.

EarlySteps will also develop a feedback activity to capture additional input from families at each segment of the Part C process, including evaluation and assessment and IFSP development. Analysis of this data will aid in development of TA for SPOE and FSC agencies.

SPOE monitoring of IFSP and Evaluation and Assessment is scheduled for August through September 2004. FSC monitoring will occur December 2004 through February 2005. Follow-up monitoring of SPOEs will begin in March 2005 on any areas of noncompliance. Follow-up FSC monitoring will begin in Summer 2005.

The EIDS system will be enhanced to capture information from the other services section of the IFSP (see Appendix FCS 1 for IFSP, Section 9). Information will be captured about current non-Part C services, as well as the addition of new services as identified from family concerns, priorities and resources, sections 3 and 4 of the IFSP.

Further analysis of the Family Survey will be completed by summer 2005 to include breakdown of region specific data. This information will aid in future TA and training of SPOEs and FSCs and in provider recruitment.

**Projected Timeline and
Resource 2.1**

1. EarlySteps COSs will collaborate with PTI to develop education/training programs for families about the Part C System and prepare them for participation in IFSP development by December 2004.

2. EarlySteps will develop a linkage form to be used to tie areas of need on the IFSP to outcomes by Spring 2005. The form will also be used by QASs as a monitoring tool.

3. EarlySteps will implement a FSC Self-Assessment tool by Spring 2005.

4. EarlySteps will complete SPOE and FSC monitoring to include monitoring of IFSP and Evaluation and Assessment by Spring 2005.

5. EarlySteps will revise the IFSP to capture linkages as identified by the familv's concerns on the IFSP by Summer 2005.

family's concerns on the IFSP by Summer 2005.

6. EarlySteps will develop a monitoring mechanism to capture family input at each segment of the Part C process by Summer 2005. 7. EarlySteps will complete regional analysis of Family Survey data regarding utilization of FSC services and provide TA and training of FSCs as a result of the analysis by Summer 2005 and readminister the survey in Fall 2005.

From: 07/01/2004

To: 06/30/2005

Performance Indicator 3

Families will report increased capacity to enhance outcomes for their infants and toddlers after participating in the Part C System.

Baseline / Trend Data 3

EarlySteps became a partner with the National Center for Special Education Accountability Monitoring (NCSEAM) in 2003. The goal for NCSEAM is to develop a set of survey instruments that will yield valid, reliable and useful measures of parent/family perceptions and participation for the purpose of evaluation and accountability in the context of focused monitoring. EarlySteps developed a work plan with NCSEAM, which included future participation in a pilot survey to gather information from families about the impact of EI services on their family.

EarlySteps utilized the Family Survey to solicit feedback from families about their experiences with the Part C System. Families participating in the Family Survey overwhelmingly reported that early intervention services had a positive impact on their family. However, the survey did not specifically capture information about families' capacity to enhance outcomes for their infants and toddlers after participating in the Part C System. EarlySteps developed a work plan to further analyze this question, which will include collaboration with a stakeholder group and the SICC.

Target 3.1

EarlySteps will develop and administer a Family Survey to capture information about whether Part C services increased the family's capacity to enhance outcomes for infants and toddlers and their families?

Explanation of Progress or Slippage 3.1

Since transfer of LA, this is the first Family Survey conducted by DHH.

Projected Target 3.1

90% of families returning the Family Survey will agree with revised Family Survey questions indicating that Part C services increased the family's capacity to enhance outcomes for infants and toddlers and their families.

Future Activity to Achieve Projected Targets/Results 3.1

EarlySteps plans to work with a stakeholder group and the SICC to revise the Family Survey questions to better capture information about enhancing family capacity to enhance outcomes for their infants and toddlers after participating in the Part C System. The survey will be revised and re-administered during FY 2006.

EarlySteps will also collaborate with NCSEAM to pilot a survey to gather information from families about the impact of EI services on their family. The survey will be piloted from December 2004 to March 2005, with the goal of gathering input from 350 families in Louisiana.

**Projected Timeline and
Resource 3.1**

1. EarlySteps will complete the pilot of the NCSEAM survey "Early
Childhood Parent/Family Participation Survey

From: 07/01/2004

To: 06/30/2005

Cluster IV :: Early Intervention Services in Natural Environments

	<p>3. Facilitating the timely delivery of available services; and</p> <p>4. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.</p> <p>Louisiana uses two types of service coordinators in the early intervention system: Intake Coordinators and Family Support Coordinators. Intake Coordinators work at the System Points of Entry and specialize in processing referrals. Intake Coordinators are responsible for receiving the referral, meeting with the family, facilitating eligibility determination steps, and facilitating the development of the initial IFSP for eligible children and their families. Family Support Coordinators are in charge of ongoing service coordination procedures for the duration of the child's period of eligibility for Part C. Family Support Coordinators are employed by a licensed Case Management agency.</p> <p>Referral Procedures at the System Point of Entry-- At the point of referral, the SPOE will open both the paper and electronic early intervention records. An Intake Coordinator is required to contact the family within 48 hours.</p> <p>Selection of Family Support Coordinator (FSC)-- If the child is determined eligible, the Intake Coordinator continues to facilitate the next steps toward planning and preparing for the development of the Individualized Family Service Plan (IFSP). The FSC is selected by the family after eligibility is established. The family reviews the choices for FSC in the Service Matrix and makes the selection.</p> <p>Role of FSC-- The FSC (FSC) is responsible to ensure that the IFSP is implemented and that all services listed in the IFSP are delivered according to that plan. If there is not an FSC available, the Intake Coordinator is required to perform the duties of the FSC until an FSC becomes available.</p>
Baseline / Trend Data 1	<p>Family Survey Data:</p> <p>80% of families surveyed reported that an FSC facilitated the timely access to early intervention services. (Appendix GS 4 for Family Survey, Question 20)</p> <p>74% of families surveyed reported that an Intake Coordinator contacted them within 2 days of referral to EarlySteps. (Appendix GS 4 for Family Survey, Question 5)</p> <p>57% of families surveyed reported that they routinely used the help of an FSC. (Appendix Gs 4 for Family Survey, Question 18)</p>
Target 1.1	<p>1. 85% of all enrolled children will have ongoing FSC that will facilitate the timely access to early intervention services</p> <p>2. An Intake Coordinator will contact 100% of referred children's families within 2 days of referral to EarlySteps</p> <p>3. 68% of enrolled families will report that they routinely use the help of an FSC.</p>
Explanation of Progress or Slippage	<p>During the conversion of systems (from DOE to DHH), it was discovered that some children under DOE did not have an assigned FSC. The quality</p>

Progress or Slippage
1.1

that some children under DOE did not have an assigned FSC. The quality of initial data was poor and resulted in much time spent finding enrolled children and identifying all the service providers, including FSC, for each IFSP. The Intake Coordinator serves as an FSC, in some instances without ongoing FSC.

Although 74% reported timely contact by an Intake Coordinator when referred to EarlySteps (Appendix GS 4 for Family Survey, Question 5), increased technical assistance was provided to ensure that SPOE office procedures facilitated the assignment of the Intake Coordinator as soon as possible when a referral was received. Technical assistance and training has been provided to address efficient procedures to meet the 45-day timeline. Additionally, SPOEs were trained on acceptable reasons for missing the timeline as well as unacceptable reasons for the delay in IFSP development.

The Family Survey data indicated that 68% of families use the help of an FSC (Appendix GS 4 for Family Survey, Question 18). Given that the FSC is the link to access services, further investigation of this issue revealed that families typically relied upon the other service providers for assistance. EarlySteps central office staff, the Bureau of Community Services and Supports (licensing agency for Case Management), and the Case Management Alliance (professional organization for service coordination agencies) coordinated efforts to improve the understanding of the role and responsibilities of the FSC. Extensive training was provided to FSCs on their role and responsibilities under EarlySteps and how to fully inform families about this service.

Projected Target 1.1

1. 100% of all enrolled children will have ongoing FSC that will facilitate the timely access to early intervention services.
2. An Intake Coordinator will contact 100% of referred children's families within 2 days of referral to EarlySteps.
3. 85% of enrolled families will recognize that they routinely use the help of an FSC.

**Future Activity to
Achieve Projected
Targets/Results 1.1**

The Quality Assurance Specialists, beginning in August of 2004, will monitor both the SPOE and FSC agencies. This monitoring process includes a desk review of key data elements and child record reviews to address the timely development of IFSPs and the ongoing provision of services. Those agencies found out of compliance will be required to implement corrective action plans and/or sanctions.

Central Office will assist the SPOEs with data validation to reinforce data integrity. Active monitoring of data entered and residing at the SPOE level will allow SPOE staff to monitor timelines with relation to the IFSP process. The EarlySteps team will develop data validation procedures, which will be posted online and distributed statewide (See Appendix GS 5 for SPOE Maintenance, Procedural Clarification # 15, Data Validation).

Central Office will continue collaborative efforts with the Bureau of Community Services and Supports and the Case Management Alliance to address FSC issues. This includes the recognition of the services of an FSC.

The statewide COSs will also work with the regional COSs to develop training and materials for families that focus on the services of the FSC.

<p>Projected Timeline and Resource 1.1</p>	<p>training and materials for families that focus on the services of the FSC.</p> <p>Data reports of "No Provider Available" will be routinely disseminated to Regional Coordinators who will work with RICC's to develop recruitment plans to address shortages of service coordination.</p> <ol style="list-style-type: none"> 1. SPOE Monitoring will be conducted by the QAS from August 2004 through September 2004. 2. FSC Monitoring will be conducted by the QAS beginning November 2004 through April 2005. 3. Central Office will meet with BCSS and Case Management Alliance (CMA) on a quarterly basis 4. Statewide Parent Consultant will develop family materials on Best Practices in March 2004. 5. CSPD Coordinator, COSs, and Statewide Parent Consultant will develop a Service Coordination Fact Sheet in June 2005. 6. Central Office will distribute No Provider Available Data Reports to the RCs and COSs on a quarterly basis to assist recruitment efforts for FSC shortages. <p>From: 07/01/2004</p> <p>To: 06/30/2005</p>
<p>Performance Indicator 2</p>	<p>All child and family needs related to enhancing the development of the child are identified through the use of timely evaluation and assessments.</p> <p>According to the federal requirements, Sec. 303.322 Evaluation and assessment. (a) General. (1) Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. (2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State. (b) Definitions of evaluation and assessment. As used in this part-- (1) Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in Sec. 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section. (2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify-- (i) The child's unique strengths and needs and the services appropriate to meet those needs; and (ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.</p> <p>The state of Louisiana ensures that the statewide system of early</p>

The state of Louisiana ensures that the statewide system of early intervention described in this application includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation. The evaluation includes a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. The DHH is responsible for ensuring that all affected public agencies and service providers in the state implement the requirements of this section.

Parental Consent Informed, written parental consent must be obtained prior to:

1. Conducting the initial evaluation and assessment of a child for eligibility purposes

2. Conducting any assessments required for IFSP development

3. Initiating the provision of early intervention services.

If consent is not given, the Intake Coordinator who is facilitating this process with the family shall make reasonable efforts to ensure that the parent is fully aware of the nature of the evaluation and assessment or the services that would be available and understands that the child will not be able to receive the evaluation and assessment or services unless consent is given by the parent.

Definitions The following definitions apply to evaluation and assessment activities:

1. A child's evaluation means the procedures used by appropriate, qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of infants and toddlers with disabilities in 34 CFR 303.16, including determining the status of the child in each of the developmental areas.

2. Assessment means the ongoing procedures used by appropriate, qualified personnel throughout the period of a child's eligibility under this part to identify: a. the child's unique strengths and needs and the services appropriate to meet those needs; b. the resources, priorities, and concerns of the family and identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their child with a disability; and, c. the nature and extent of early intervention services that are needed by the child and the child's family to meet the needs of the child.

Child Assessment After informed, written parental consent is obtained, the evaluation for eligibility or assessment of the child and family may begin.

The evaluation and assessment for each child must:

1. Be conducted by personnel trained and qualified to utilize appropriate methods and procedures, and

2. Be based on informed clinical opinion.

The evaluation of each child for eligibility determination purposes must include the following:

1. A review of current health records and medical history;
2. An interview with the family regarding their child's early development, including their observations and concerns;
3. An evaluation of the child's level of functioning in each of the following areas: a. cognitive development, b. physical development, including vision and hearing, c. communication development, d. social/emotional development, and e. adaptive development;
4. An assessment of the unique needs of the child in terms of each developmental area; and,
5. The identification of services appropriate to meet those needs.

The evaluation for eligibility is based upon the principles of informed clinical opinion and uses existing information. This information may be augmented by observation, the administration of a comprehensive developmental assessment, or targeted assessment in individual domains to determine the child's developmental status. Efforts are taken to reduce unnecessary or duplicative testing.

Family assessments must be family-directed and designed to determine the resources, priorities, and concerns of the family and identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant and toddler. Any assessment that is conducted must be voluntary on the part of the family and their consent documented in the child's early intervention record; and, if an assessment of the family is carried out, the assessment must: 1. Be conducted by personnel trained and qualified to utilize appropriate methods and procedures;

2. Be based on information provided by the family through a personal interview; and,

3. Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

Timelines:

The evaluation for eligibility and the initial assessment of each child (including the family assessment) determined to be eligible for Part C services (and initial IFSP meeting) must be completed within 45 calendar days of referral. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g. if a child is ill or there is some other family-initiated situation that cause a delay, etc.), System Points of Entry will document those circumstances and develop and implement an interim IFSP, to the extent appropriate and consistent with Section 303.345.

Family assessment:

While the family may already have identified some concerns, priorities, and resources prior to eligibility determination, it is not until AFTER eligibility has been confirmed and documented that the formal family assessment is offered and conducted with the family. Federal regulations require that the focus of service delivery is the child in the context of his/her family. The

	<p>focus of service delivery is the child in the context of his/her family. The focus is the family as the primary client. The intent of early intervention is to build upon the natural routines and supports of families and children within their communities and to support families in their abilities to meet the health and developmental needs of their child. Integrating services into the naturally occurring activities and routines of the family promotes the generalization of skills for the child and establishes a continuum of support after the child leaves the early intervention system.</p> <p>The family assessment must be designed to determine the strengths and needs of the family related to the child's growth and development. The family assessment is voluntary on the part of the family. It is important to approach the provision of early intervention services from a needs based perspective, rather than related to the specific diagnosis of the child.</p> <p>Family assessment is a collaborative activity between the family members and service providers that addresses family resources, priorities, and concerns. It is not an assessment that happens to, or is done to, a family. The primary outcome of this voluntary part of the assessment process is to identify activities or services that will help the family promote their child's growth and development.</p> <p>There are a variety of approaches to use when assessing family concerns, priorities, and resources that range from interview-focused discussion between the Intake/FSC and family, to checklists completed by the family. Each family of an eligible child will be offered the opportunity to complete Sections 3 and 4 of the IFSP entitled "Summary of Family Concerns, Priorities and Resources. (See Appendix FSC 1 for IFSP) If other instruments are used to conduct this assessment, the information may be summarized on Section 3 for inclusion in the IFSP. This assessment is offered and completed with the family prior to the initial IFSP development team meeting, and prior to each annual evaluation of the IFSP.</p>
Baseline / Trend Data 2	<p>Initial IFSP timeline data was not available from DOE to determine a baseline.</p> <p>Family Survey Data:</p> <p>91% of families reported that their concerns about their children's development were addresses before the development of the IFSP (Appendix GS 4 for Family Survey, Question 9).</p>
Target 2.1	75% of Initial IFSPs will be developed no later than 45 days after the receipt of referral.
Explanation of Progress or Slippage 2.1	<p>The statewide average of SPOE IFSP timelines within 45 days was 69.17% (See Chart NE 1 for SPOE Timelines Percent IFSPs within 45 days) During the reporting period July 1, 2003 to June 30, 2004 the statewide quarterly timelines increased from 63.65% (July 1, 2003) to 80.31% (June 30, 2004). This represents a 17%increase of IFSP timelines within 45 days. (See Chart NE 2 for SPOE Quarterly Statewide Timelines)</p> <p>Increase technical assistance was provided by the Regional Coordinators to SPOEs. Additional SPOE monitoring on IFSP timelines to address compliance to IFSP timelines will be implemented (See Appendix GS5 for SPOE Data Maintenance, Procedural Clarification #15).</p>
Projected Target 2.1	1. 85% of initial IFSP will be developed within the 45-day timeline.

	<p>2. 100% of those IFSPs that are not developed within the 45-day timeline will be due to acceptable family reasons.</p>
<p>Future Activity to Achieve Projected Targets/Results 2.1</p>	<p>The Ages & Stages (ASQ) Screening Instrument will be implemented as a component of evaluation and assessment procedures.</p> <p>A new required data field will be added to the EIDS that captures extension of timeline justifications.</p> <p>SPOEs will be monitored for compliance to IFSP timelines as part of the monitoring process. Routine report capability will be developed for SPOEs to identify timeline problems as a self-assessment tool (See Appendix GS. 5 for SPOE Data Maintenance Procedural Clarification No. 15)</p>
<p>Projected Timeline and Resource 2.1</p>	<p>1. SPOE Monitoring will be conducted by the QASs from August 2004 through September 2004.</p> <p>2. Central Office and the Central Finance Office will be added to the EIDS that captures extension of timeline justifications in January 2005.</p> <p>3. Central Office will implement ASQ to the evaluation and assessment administered by the SPOE in January 2005.</p> <p>4. The QASs will distribute on a quarterly basis to the SPOEs an IFSP timeline Report beginning in April 2005.</p> <p>From: 07/01/2004</p> <p>To: 06/30/2005</p>
<p>Performance Indicator 3</p>	<p>Louisiana children and their families will have IFSPs that include all the services necessary to meet the identified needs of the child and family and all services identified are provided.</p> <p>According to the federal indicators: CFR 303.340, DHH shall ensure that an IFSP is developed and implemented for each eligible child. In addition, CFR 303.342 states the early intervention services which are approved by the parents must be provided.</p> <p>The state of Louisiana assures that a current IFSP is in effect and implemented for each eligible child and the child's family.</p> <p>Each child that is eligible for the State's early intervention service system is entitled to an IFSP that addresses the needs of the child and family. This is a written plan that outlines the provision of early intervention services for the child and family. The plan must:</p> <p>1. Be developed jointly by the family and appropriately qualified personnel involved in the provision of early intervention services;</p> <p>2. Be based on the multidisciplinary evaluation and assessment of the child and the assessment of the family; and,</p>

and the assessment of the family; and,

3. Include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.

PARENTS RIGHTS:

Family rights, opportunities, and responsibilities must ensure that: 1. Families understand what is happening to and for them;

2. Problems can be identified; and,

3. Alternatives to resolve problems exist within the system.

The State of Louisiana is responsible for ensuring effective implementation of the procedural safeguards by each early intervention service provider working in the Part C system. These procedural safeguards are a critical component of the early intervention system and protect the rights of participating, eligible children and their families pursuant to state and federal regulations. The lead agency has the responsibility to ensure that:

1. Families are adequately informed of their rights; and

2. Procedural safeguards are implemented throughout the early intervention process.

Part C procedural safeguards apply at all steps in the process of intake, eligibility determination, IFSP development and IFSP implementation. For some children, Medicaid rights and responsibilities may also apply. Furthermore, EarlySteps has incorporated information on Medicaid rights since it is important to understand how these two systems of rights interact. Part C rights apply to the entire process—intake to transition out of Part C. Medicaid rights apply to those Medicaid covered services that are listed on an IFSP (Service Coordination, OT, PT, Speech/Language services, Audiology, Psychology, etc.). Part C procedural safeguards and rights do not apply to Medicaid services that are provided outside the parameters of an IFSP, such as well-baby care, acute illness care, hospitalizations, etc.

Provision of the Parental Rights Federal regulations require that Parental Rights be provided each time the parent is given a prior written notice of action according to 34 CFR 303.403.

Baseline / Trend Data 3

Family Survey Data:

90% of families surveyed reported that services needed for their children were easily obtained (Appendix GS 4 for Family Survey, Question 7).

68 % of families reported that other services like childcare and transportation were considered when developing the IFSP (Appendix GS 4 for Family Survey, Question 14)

93% of families surveyed thought their child IFSP was based on issues the family found important. (Appendix GS 4 for Family Survey, Question 15).

90% of families surveyed noted that modifications or revisions of the outcomes or services were necessary and were accomplished utilizing the

	<p>outcomes or services were necessary and were accomplished utilizing the IFSP team system (Appendix GS 4 for Family Survey, Question 24).</p> <p>EIDS Data: 73% of services authorized were paid by EarlySteps</p>
Target 3.1	<p>95% of early intervention services indicated as necessary will be provided.</p> <p>95% of families will report that IFSP services met their needs.</p>
Explanation of Progress or Slippage 3.1	<p>The monitoring system to address the actual delivery of services was developed during this reporting period and is currently being implemented. Over the reporting period, there were complaints from families regarding the non-delivery of services, which were investigated and resolved. SPOE monitoring addressed the identification of family needs and this will also be addressed in FSC monitoring. Provider monitoring will investigate the documentation of actual delivery of service.</p> <p>Although the EIDS data system reported that 73% of services authorized were paid, there may be a 60 day lag time for provider submission and payment of services. Therefore, this data element is only an indicator of actual services provided.</p>
Projected Target 3.1	<ol style="list-style-type: none"> 1. 90% of services authorized will be paid 2. 95% of records reviewed in Provider Responsive Monitoring will have documentation of delivered services. 3. 95% of child records reviewed during FSC monitoring will be in compliance with parent consent requirements.
Future Activity to Achieve Projected Targets/Results 3.1	<p>SICC will convene a stakeholder's group to begin identifying and prioritizing outcomes for IFSP service delivery to improve service delivery in a cost –effective manner.</p> <p>EOB complaint investigation will be refined to address complaints from families that services were not delivered.</p> <p>EarlySteps QAS' will work with OPH Revenue Monitoring to develop and implement procedures to review documentation of delivered services and claims data using a Linkage Form.</p> <p>The CQI family survey will be conducted by the QAS to ensure that services on the IFSP are provided.</p> <p>FSC and Provider Assessment will be required to address the delivery of service.</p>
Projected Timeline and Resource 3.1	<ol style="list-style-type: none"> 1. The SICC Service Delivery Committee will meet on a quarterly basis, beginning September 2004. 2. EOB Complaint Procedures will be developed and refined by the QAS during October 2004. 3. FSC Monitoring will be conducted by the QAS beginning November 2004 through April 2005. 4. Central Office will collaborate with OPH Revenue Monitoring to conduct additional monitoring in January 2005 and will be ongoing as needed.

additional monitoring in January 2005 and will be ongoing as needed.

5. The CQI family survey will be completed by the QAS beginning April 2005 and will occur as needed on an ongoing basis.

6. The QAS will begin Provider Monitoring late Spring 2005

7. FSC and Provider Self - Assessment will be disseminated into the field in July 2005 and will be monitored by the QAS.

From: 07/01/2004

To: 06/30/2005

Performance Indicator 4

Children will receive early intervention services primarily in the natural environment. IFSP teams will identify appropriate reasons for not providing early intervention services in natural environment.

According to the federal requirements, early intervention services (1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including-- (i) The frequency, intensity, and method of delivering the services;

(ii) The natural environments, as described in Sec. 303.12(b), and Sec. 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;

Definition of Natural Environment:

To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments including the home and community settings in which children without disabilities and their families participate. Natural environments means settings that is natural or normal for the child's age peers who have no disability.

The State of Louisiana assures that, to the maximum extent appropriate, early intervention services are provided in the natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when the early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

The IFSP must be in writing and contain (as stipulated in the federal regulations):

... 5.a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment:...

environment;...

EI services for an eligible child must be provided in their “natural environment”. However, the term “natural environments” is more than a physical setting. Natural environment means the methods and approaches used to provide early intervention services that support the daily routines and activities of the family and child, incorporating early intervention supports and services into the natural flow of the child's daily activity and the routines of family life. Everyday routines and activities – things that families naturally do in the course of their day and their caregiving with their child - form the basis for methodologies to deliver EI services such as teaching parents how to incorporate range of motion while dressing and undressing their child, understanding language stimulation ideas that can be expanded while grocery shopping, and generalizing movement and learning to all aspects of the child's day.

The emphasis on everyday routines and activities brings a series of challenges to service providers. One challenge is “what do I do” when the traditional center-based services do not meet the definition of natural environments under Part C. A second challenge is to ensure that service providers understand and agree with the principles of family-centered care. They are comfortable with a variety of strategies and activities that are individualized, culturally competent and support the family and others as the major caregivers and environments for eligible children. A third challenge is to make a graceful transition from the historical center-based systems of disability-only service providers to those supporting families and young children in their community. This will ensure that families access not only appropriate early intervention services -- but also those typical supports and services that they would normally use because they have a young child, regardless of the disability.

The term “natural environment” does not mean that service providers do not provide therapy anymore. It does not mean that parents provide therapy all of the time. It means a partnership, planning together to address developmental concerns that are family guided, and incorporating early intervention into the routine supports and activities on a daily basis.

By sharing information and ideas with a child's family and other caregivers, the early intervention service provider ensures a greater degree of generalization and success for the outcomes in the IFSP. The uninformed, uninvolved parent or childcare provider can quickly undo all that an individual service provider attempts to achieve within two or three visits a week. This is not intentional; it is the result of a lack of involvement and absence of information that is individually planned and provided.

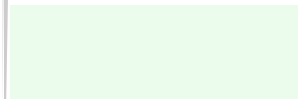
The federal and state requirements for natural environment require that the IFSP team begin with the settings, routines, and activities of the child and family as the “starting point” for early intervention supports and services. In addition to services provided in the child's home, the team looks to community programs that the child would typically participate in --such as a neighborhood childcare facility, nursery or preschool program, or playgroup. A written justification must accompany the IFSP when a service will be provided in a setting other than the home, other family location, or community setting. This justification must also state how the family will be informed and involved in the provision of services should more restrictive settings be used.

Restrictive settings include locations that serve only children with disabilities or where the majority of children have disabilities. These

	<p>disabilities or where the majority of children have disabilities. These settings may be appropriate when an IFSP team has determined that this service delivery is necessary to achieve the outcomes for a particular child. The IFSP team needs to talk about whether that teaching and learning method is appropriate for the developmental needs of the child and if the setting will, in fact, increase meaningful engagement with the typical environment in which the child participates.</p> <p>Section 11, the Natural Environments Justification must be completed for each and every service provided to a child that is not in the natural environment. Services to parents only (without the child)--such as family training--may be provided outside of the natural environment without Section 11 being required for the IFSP (See Appendix FCS 1 for the IFSP--Location of services code, Justification page and See Appendix NE 2 for Natural Environments Quick Facts (TA document).</p> <p>DHH conducted follow up monitoring of 26 agencies that had been originally monitored by the Department of Education. Results were that 58% of the agencies were in compliance with the natural environment requirements.</p> <p>Central Office developed a Quick Fact sheet describing Natural Environments as related to Part C. Information covered includes research pertaining to providing services in the natural environment and a series of frequently asked questions related to providing services in the natural environment. The Quick Fact sheet was distributed to all early intervention providers throughout the state and posted on the Early Steps website.</p>
Baseline / Trend Data 4	<p>EIDS Data:</p> <p>During the reporting period, approximately 81% of children received services in the Home and Community are considered Natural Environment settings where the majority of children served have no disabilities (30% or less children with disabilities). Approximately 19% of children received services in settings that would not meet the definition of Natural Environment (See Chart NE 3 for Primary Service Settings, December 1, 2003).</p>
Target 4.1	<ol style="list-style-type: none"> 1. 90% of early intervention services will be delivered in natural environments. 2. 75% of justifications for not providing early intervention services in the natural environment will be completed.
Explanation of Progress or Slippage 4.1	<p>Children who were originally enrolled in ChildNet and transitioned into EarlySteps were allowed to maintain the primary setting for their services. As the IFSPs for those children were reviewed (either at the 6 month review or annual evaluation), the FSCs discussed moving from restrictive settings to natural environments with the team. Anecdotal information indicated that some children did change service delivery settings while others did not. Reasons for not moving to the natural environment included no available providers willing to serve in the natural environment, parents did not want to change providers from the current provider to a new provider who would travel to the natural environment, and IFSP team did not want to interrupt the progress the child was making by changing providers. The EIDS did not capture justification statements nor was EarlySteps able to closely monitor child records for this IFSP element during this reporting period.</p>

	<p>IFSP teams were directed to adhere to all requirements regarding services in the natural environments for children enrolling in EarlySteps beginning July 1, 2003. Very few providers were willing to travel to natural environments for the rates of reimbursement under DOE. EarlySteps instituted a higher rate of reimbursement for services provided in homes and community settings; therefore, over the course of the year, more providers were available to meet the demand for services in the natural environment. Strict compliance to the natural environment requirements and higher rates of reimbursement caused the positive change in service delivery over the course of the year.</p>
Projected Target 4.1	<ol style="list-style-type: none"> 1. 95% of early intervention services will be delivered in the natural environment. 2. 95% of justifications for not providing early intervention services in the natural environment will be based upon the child's lack of satisfactory early intervention in the natural environment.
Future Activity to Achieve Projected Targets/Results 4.1	<p>A data field, Natural Environments Justification, will be added to the EIDS so that monthly reports can be generated to monitor compliance to this requirement and target technical assistance to those IFSP teams that are having problems complying with the requirement.</p> <p>Results from SPOE and FSC monitoring will provide data on natural environment justification as well, thereby creating an additional guide for technical assistance.</p> <p>Regional Coordinators will continue to provide technical assistance and guidance to Intake Coordinators and FSCs on IFSP team decision-making facilitation and IFSP requirements.</p> <p>A new form, the Family Assessment of Concerns, Priorities, and Resources, will be introduced into the system. This form will focus on the families routine activities as the context for early intervention and provide guidance to the team on where and when early intervention is most needed.</p>
Projected Timeline and Resource 4.1	<ol style="list-style-type: none"> 1. Technical Assistance will be provided by the Regional Coordinators on a monthly basis, beginning July 2004. 2. The Family Concerns Priorities and Resources (CPR) form will be implemented and completed by ICs and FSCs beginning April 1, 2005. 3. Central Office and the CFO will add Natural Environments Justification data field to the EIDS in July 2005. <p>From: 07/01/2004</p> <p>To: 06/30/2005</p>
Performance Indicator 5	<p>The percentage of infants and toddlers with disabilities in Part C, who exhibits improved and sustained functional abilities, will increase.</p>

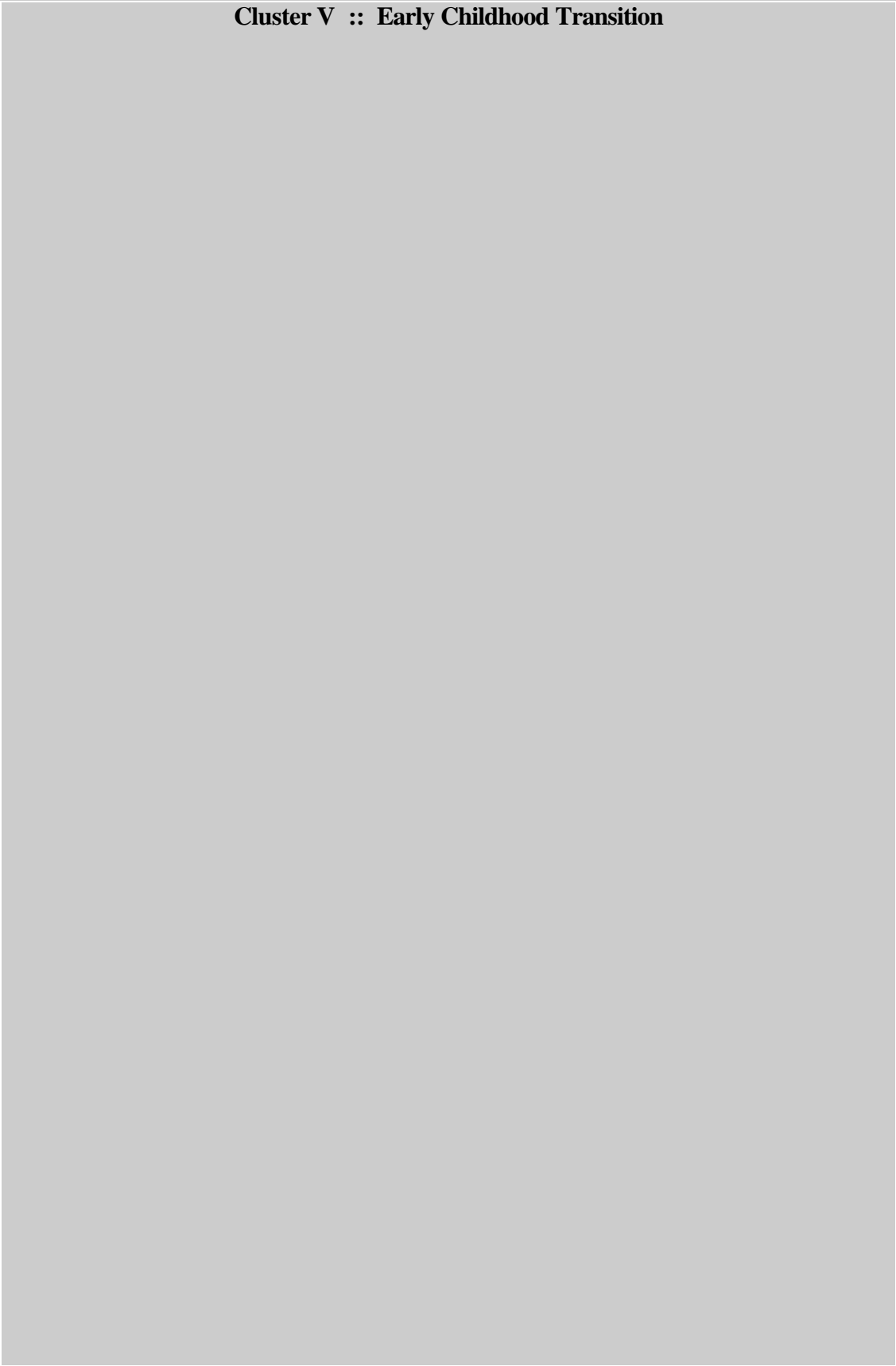
	<p>The percentage of families participating in Part C, who report that early intervention services have increased their capacity to enhance their child's development, will increase. According to the federal Indicator: The Department's Proposed Plan to address the Government's Performance and Results Act (GPRA) of 1993 at 31 U. S. C. § 1116. Goal: To enhance the development of infants and toddlers with disabilities and the capacity of families to meet the special needs of their child.</p>
Baseline / Trend Data 5	<p>2003-2004 Performance Data: 1474 children exited EarlySteps for the reasons listed below: 534 children exited EarlySteps due to the completion of the IFSP before age 3 654 children eligible for Part B 106 not eligible for Part B, exit to other programs 169 not eligible for Part B, exit with no referrals 11 Part B eligibility not determined</p> <p>Family Survey Data: 94% of families thought that early intervention services had a positive impact on their families. (Appendix GS.4, Question 21).</p>
Target 5.1	Provide yearly report on development of comprehensive early childhood system progress.
Explanation of Progress or Slippage 5.1	Louisiana is in the process of developing a comprehensive system of early childhood services. This effort is spearheaded by grant from Early Childhood Comprehensive System (ECCS). EarlySteps participates in this endeavor and is collaborating with both the Department of Social Services and Education to develop a tracking system that can produce information on the improved and sustained functional abilities of the children who received services before kindergarten entry. This is a long-term project of the state.
Projected Target 5.1	Provide yearly report on development of comprehensive early childhood system progress.
Future Activity to Achieve Projected Targets/Results 5.1	<p>EarlySteps will continue to participate in the state's effort to develop a comprehensive early childhood system.</p> <p>The SICC and EarlySteps leadership will explore the adoption of outcomes developed by the US Department of Education's project, Early Childhood Outcomes Center (ECO).</p> <p>Data sharing and collaboration on assessment methods to identify improved and sustained functional abilities will also be explored on an ongoing basis with the Department of Education.</p> <p>Follow up survey for children transitioning out of EarlySteps.</p>
Projected Timeline and Resource 5.1	<p>1. Central Office will continue to work with SICC and CQI stakeholder group on tracking outcomes on an ongoing basis.</p> <p>2. Central Office will collaborate with the Department of Education to develop a tracking mechanism for EarlySteps graduates in the Fall 2005 and ongoing.</p> <p>3. Central Office will continue to monitor and collaborate with the CFO in the Fall 2005 and ongoing.</p>
	<p>From: 07/01/2004</p> <p></p> <p></p>



From: 07/01/2004

To: 06/30/2005

Cluster V :: Early Childhood Transition



services to eligible children as identified in the IEP as of the child's third birthday.

In the case of a child who may not be eligible for preschool services under Part B of the IDEA, with approval of the family, the FSC will make reasonable efforts to convene a conference among the family and providers of other appropriate services for children who are not eligible for preschool special education services. The purpose of this conference is to discuss the appropriate services that the child may receive.

EarlySteps Practice Manual Standards: Transition Activities For those children and families experiencing a transition into or within the EarlySteps system, the Intake Coordinator or FSC must identify the specific nature of the transition with the family and then document the transition issues with the other team members. The IFSP team must discuss how services will be provided (or what modifications are needed) to facilitate a smooth transition and to ensure that there will be no unnecessary disruption in services for the eligible child and family.

In addition to the actual transition that all newly referred and eligible children and families experience into EarlySteps, some other examples of early transitions include significant family changes (impending birth of a new child, family relocation or job change, unemployment, divorce or marriage, etc.). As a family enters into EarlySteps, they will be encouraged to talk about any questions or concerns they have about receiving services.

The FSC and the family need to talk together to identify the needs of the child and family in order for a successful transition to occur. Transition planning and preparation will require a longer period of time if the child is exiting from the EarlySteps system.

It is important that all options, including a referral to the local school for Part B special education services, be considered and discussed with the family. A transition plan must be developed that identifies other appropriate options for the child and family including private preschool, Head Start, OCDD, child care, or other community early childhood programs.

Special consideration should be given to transition planning when children will no longer be receiving a service or when a child has died. In the first situation, there should be sufficient time for the provider and family to disengage in a positive and supportive manner. In the latter situation, the FSC should continue to provide support and referral to the family to appropriate community agencies as needed during the grief period. Referrals to a social worker, psychologist, or support group may be needed for the family. Transition at Age 2 years, 6 months:

FSCs are required to notify the local school district that a Part C child is transitioning out of Part C no earlier than 10 months prior to the child's third birthday and no later than 3 months prior to the third birthday (child's age of 2.2 through 2.9). No parental consent is required for this disclosure of directory information to the local educational agency. This early notification provides adequate time for the school to determine eligibility for Preschool Special Education and develop an IEP before the child turns three.

At least six months prior to the child's third birth date (age 2 years, 6 months), the EarlySteps FSC will convene an IFSP meeting to discuss the transition process with the parents and other team members and to develop a transition plan. At this time, the team will document the steps to

develop a transition plan. At this time, the team will document the steps to be taken to transition to the public school and/or other services, as appropriate.

Local school district personnel must be invited to attend this IFSP meeting. (A Consent to Release and Share Information is not needed for LEA personnel)

Other appropriate community resource representatives should attend this IFSP meeting. Parental consent on the Consent to Release and Share Information must be obtained for any person invited to the transition meeting who is not currently serving the child. The FSC, the appropriate future services provider agency representative (LEA, Head Start, Child care provider, etc.), the family, and other team members review the child's future program options and establish a transition plan. The transition plan must include:

a. discussions with, and training of parents regarding future placements and other matters related to the child's transition;

b. procedures to prepare the child for changes in service delivery including steps to help the child adjust and function in a new setting; and

c. transmission of information about the child to the local education agency to ensure continuity of services including evaluation and assessment information and IFSPs. This requires parental consent. If the parent agrees to have their child's eligibility determined for the public school's early childhood special education (ECSE) program, the FSC shall obtain release(s) of information to the public school at this meeting. Any information that will assist the district in determining the child's eligibility and programmatic needs should be considered for release. The FSC and the family should review the existing documentation and determine, together, which documents-- including the current IFSP--will be most helpful to the receiving agency to facilitate their decision making process and planning for future service needs. This information should include, at a minimum, the following:

-child and parent name, address, and phone number, and the child's birth date;

-current copy of the entire IFSP which includes present levels of functioning, early intervention services, and transition plan; all assessments that have occurred in the previous year, and if not contained in the child's record, where the information can be obtained; and,

-any written reports from service providers within the last year.

EarlySteps is not financially responsible for paying for the evaluations (testing) needed by the school to determine Part B eligibility. Local school districts are required to provide special education and related services to Part B eligible children as identified in the IEP as of the child's third birth date.

Children Referred to the SPOE after age 2 years, 6 months

Some children will be referred to the Part C system after reaching the age of 2 years, 6 months. Intake procedures for children referred between the

of 2 years, 6 months. Intake procedures for children referred between the ages of 2 years, 6 months and 3 years are different than the procedures used for all other referrals. The following procedures apply to these situations:

1. Complete EarlySteps initial enrollment activities—contact the family after receipt of the referral, conduct intake interview, notify the school of the child's application, and proceed to eligibility for Part C if parent agrees.

2. Complete eligibility determination activities. Care should be taken to ensure that if any testing is conducted for EarlySteps eligibility purposes, the testing results can be used by the school for Part B eligibility determination in the future. This will minimize duplicative testing. If child is eligible for EarlySteps, proceed to IFSP planning and development. Invite school personnel to participate in the IFSP/Transition Meeting.

3. Engage in IFSP planning and development activities: Families need to understand that EarlySteps services end when the child turns three years of age. For some families, the experience in EarlySteps will be very short. Local educational agencies must be notified that a child will be transitioning out of EarlySteps very shortly. The local school personnel can then participate in the IFSP development. (The IFSP itself will reflect mostly transition services.) Any early intervention service such as special instruction, OT, PT, etc. will end on the child's third birthday. This means that the Intake Coordinator and school personnel must work closely together so that any potential disruptions in services are avoided.

Regardless of the nature or type of transition being experienced or planned for an individual child and family, it is the responsibility of the FSC to inform other team members, to work with the family to identify the essential supports and plans needed to be successful in the new setting or during a period of change, and to document efforts to maintain the integrity of the IFSP process for the child's early intervention record.

Baseline / Trend Data 1

2002-2003 Performance Data (reported by LA DOE):

606 Exited Child Net;

94 Completed IFSP prior to age 3

382 Eligible for Part B

45 Not Eligible for Part B, exit to other programs

0 Not Eligible for Part B, exit with no referrals

85 Part B eligibility not determined

2003-2004 Performance Data:

1474 Exited EarlySteps for the following reasons listed below:

534 Completed IFSP prior to age 3

654 Eligible for Part B

	<p>654 Eligible for Part B</p> <p>106 Not Eligible for Part B, exit to other programs</p> <p>169 Not Eligible for Part B, exit with no referrals</p> <p>11 Part B eligibility not determined</p> <p>There were 348 reimbursement claims specifically for transition meetings reported for this period. This figure is an under-report of the number of transition meetings held as IFSP meetings may have been transition meetings but were coded as IFSP meetings.</p> <p>See Chart T 1 for Exit at Age Three and Chart T 1for Exit Systems Reasons for charts of baseline data.</p> <p>Family Survey Data:</p> <p>1898 families responded to a Family Survey who had received services through EarlySteps and reported the following about transition:</p> <p>80% of the families reported that the IFSP contained information about the child leaving EarlySteps. (44% of the respondents had children less than 2 years of age) (See Appendix GS 4 for Family Survey, Question 16)</p> <p>Compliance Monitoring Data:</p> <p>DHH conducted follow-up monitoring on agencies found out of compliance by the previous lead agency, Department of Education. Results of this monitoring were that of the 6 Case Management agencies that had findings related to transition (2 agencies were found to have corrected all deficiencies related to transition and 4 agencies continued to be out of compliance) and were required to correct deficiencies related to transition through the implementation of a corrective action plan. Verification of correction is currently underway. SPOE monitoring of transition activities is scheduled for August and September, 2004; FSC monitoring to follow in December and January, 2005.</p>
<p>Target 1.1</p>	<p>The number of IFSPs with a transition plan will increase.</p>
<p>Explanation of Progress or Slippage 1.1</p>	<p>DHH assumed lead agency July 1, 2003. Comparison to previously reported performance data for the period July 1, 2002 to June 30, 2003 to this report is difficult due to the limitations of available data. The APR submitted by DHH was based upon a half-year of data. This APR reflects the full year of data so the data is more complete; however, there is limited ability to assess progress or slippage at this time.</p> <p>As shown by the data listed above, 27% of children exiting EarlySteps did so because they completed the IFSP prior to age 3. Given the broad eligibility criteria in Louisiana, this is expected as those children with more mild developmental delays make progress due to the provision of early intervention services. This is an increase over what had been reported by the previous lead agency, which was 15%.</p> <p>Another 5% exited to programs other than Part B services in the public schools. Together, these two groups about equal the number of children who exited to Part B services in the public schools (33%). The previous</p>

	<p>who exited to Part B services in the public schools (33%). The previous APR reported that 63% of children who exited Part C were eligible for Part B services. The difference between the two reporting years may be a reflection of increased referrals of children with mild developmental delays.</p> <p>Significant improvement is noted in the percentage of children who exited Part C without eligibility for Part B determined. In the 2002 APR 85 or 14% of children exited without Part B eligibility determined. This APR (2003) shows that only 11 or .05% of children exited without knowing if they were eligible for Part B services.</p> <p>Claims data for transition meetings is misleading as transition meetings as a unique service is not coded only when the transition meeting occurs but is coded as an IFSP meeting. This means that the system did not capture transition meetings as a consistent, unique service. Transition meetings were also coded as IFSP meetings (6-month review, interperiodic revision, or annual IFSP). Given this, there is no way to accurately report the number of transition meetings.</p> <p>Families, however, are not as knowledgeable about the availability of future services. This is an area for further analysis and remedy to ensure that families are fully informed.</p>
Target 1.2	<p>LEAs are notified in a timely manner of children in EarlySteps who are potentially eligible for Part B services.</p> <p>The DHH, as lead agency, assures that school districts of children currently served in the Part C system are notified of children transitioning from that system no later than six months prior to the third birthday or earlier if the school district provides FAPE prior to age three. In the case of a child referred to Part C after the age of 2 years, 6 months, the school will be notified as part of the intake procedures. Family service coordinators are responsible for sending a letter to the local school informing them of the upcoming transition. This is one of the requirements of the transition planning procedures.</p>
Explanation of Progress or Slippage 1.2	No baseline data is currently available to measure progress or slippage of this target because FSC monitoring is scheduled for December 2004-March 2005. This is an item verified by monitoring.
Projected Target 1.1	<p>95% of transition meetings will be held no later than 90 days prior to the child's third birthday.</p> <p>90% families with children two years or older will report that the IFSP addressed transition. •</p>
Future Activity to Achieve Projected Targets/Results 1.1	<p>Two modifications to the Early Intervention Data System (EIDS) are scheduled: 1) add a required date of LEA notification as a transition field and 2) add a required date of Transition Meeting field so that these critical activities can be monitored as occurring through desk review. Additionally, the Department of Education data system will have new required fields addressing transition: date of Part C transition meeting and date of receipt of LEA notification. Analysis of data will become a shared activity between the two agencies to support effective transitions. The feasibility of a collaborative family survey will also be explored.</p> <p>Additionally, a policy clarification that outlines the transition procedures for the Department of Education, Office for Citizens with Developmental Disabilities and Early Steps is in draft (See Appendix 14)). During FY2006, all EarlySteps providers will be required to successfully complete a training</p>

	<p>all EarlySteps providers will be required to successfully complete a training module on Effective Transitions as part of continued provider enrollment.</p> <p>SPOE monitoring of transition activities that occur when a child is referred to EarlySteps at 2.6 years or older is scheduled for August through September 2004. Family Service Coordination (FSC) monitoring will occur in December 2004 through February 2005. This monitoring includes a review of 5% of child records, stratified to include a representative sampling of records on children 2.6 years of age or older.</p> <p>The SICC will convene a committee to advise and assist the lead agency on transition and service delivery issues. The Regional Interagency Coordinating Committees statewide will also dedicate at least one meeting per year on transition issues within the region.</p>
Projected Timeline and Resource 1.1	<p>1. QASs will disseminate SPOE Compliance Monitoring Results by February 2005.</p> <p>2. QASs will disseminate FSC Compliance Monitoring Results by June 2005.</p> <p>3. Central Office and CFO will complete transition modifications of EIDS by June 2005.</p> <p>4. CSPD Coordinator will develop Transition Module for Training by Spring 2006.</p> <p>From: 07/01/2004</p> <p>To: 06/30/2005</p>
Performance Indicator 2	Families are knowledgeable about the types of services available to their child at age 3.
Baseline / Trend Data 2	<p>Family Survey Data</p> <p>74% of families who responded to this survey had someone from EarlySteps informed them of services and resources available when their child turns three. (See Appendix GS 4 for Family Survey, Question 29)</p> <p>--55.6 % of families were aware of HeadStart</p> <p>--66.3% of families were aware of Medicaid</p> <p>--14.9% of families were aware of Personal Care Attendant services available through state resources</p> <p>--23.6% of families were aware of Children with Special Health Services</p> <p>--28.3% of families were aware of the Cash Subsidy Program available through state resources</p>

Target 2.1	The percentage of families reporting knowledge of services available after their children turn three will increase.
Explanation of Progress or Slippage 2.1	Since this was the first year of collecting family data, progress or slippage cannot be ascertained. The data reported above serves as the baseline for future measurement.
Projected Target 2.1	90% of families will report knowledge of services available after their children turn three.
Future Activity to Achieve Projected Targets/Results 2.1	<p>A Transition Packet for Parents will be piloted in Region 6 to address families' knowledge of future services. This packet includes:</p> <p>Information from Families Helping Families · Letter from Project Prompt facilitator, and Family</p> <p>Educational Coordinator from Region 6 at Families Helping Families at the Crossroads · Families Helping Families Fact Sheets</p> <p>Information from DHH: · Louisiana OPH informational brochure on obtaining birth certificates · Louisiana OPH informational brochure "Why Older Children Need Shots" · Rapides Parish Immunization Clinics Flyers · Child Development Booklet (For children 3 to 6 years old) · Office for Citizens with Developmental Disabilities brochure for Region VI · OCDD Sponsored Resource Center on Nutritional, Physical and Nursing</p> <p>Supports · Children's Special Health Services Program brochure</p> <p>Information from DOE: · Louisiana Special Education Center brochure · Louisiana School for the Deaf flyer · Acronyms for Transition (education, medical) · The Early Childhood Transition Process Guidebook · Child Search Flyer, including a list of school boards in the region · Hippy Program · Preparing for Preschool (A Brochure from Department of Education) · Copy of an IEP, and explanation of IEP Process · Extended School Year Program Fact Sheet</p> <p>Information from Head Start: · A List of Head Starts for Each Parish · Head Start Transition Brochure</p> <p>Information From DSS: · Northwestern State University Child and Family Network Resource & Referral · Child Care Centers · Family Child Care Homes · Inclusion for Children With Special Needs · Other Child Care Options</p> <p>Based upon feedback from consumers and results of future Family Surveys, this activity may be expanded to other regions.</p> <p>The lead agency also plans to meet with the state PTI staff to discuss transition issues and explore collaborative projects to support effective practices in the field.</p>
Projected Timeline and Resource 2.1	<ol style="list-style-type: none"> 1. EarlySteps will readminister the Family Survey in Fall 2005. 2. EarlySteps will continue to collaborate will Project Prompt (PTI) related to transition on an ongoing basis. 3. EarlySteps will review family packet pilot results by Fall 2005.

3. EarlySteps will review family packet pilot results by Fall 2005.

From: 07/01/2005

To: 06/30/2005

Complaints, Mediations and Due Process Hearings

State: Louisiana

Reporting Period: 2003 to 2004

Procedural Safeguards Complaints, Mediations, and Due Process Hearings (Add Rows as Needed)

Activity Identifier (Tracking Number, e.g., 01/02-17)	Date of Receipt in the Lead Agency	Date Final Copy of Decision Provided to Disputant(s)	Issues (Optional)	Resulting Findings/Decisions (Optional)	As Needed, Corrective Actions to Achieve Compliance (Optional)
Complaints					
N/A	N/A	N/A	N/A	N/A	N/A
Mediations					
N/A	N/A	N/A	N/A	N/A	N/A
Due Process Hearings					
N/A	N/A	N/A	N/A	N/A	N/A

All Sources of Funding for Early Intervention Services: Identification and Coordination of Resources

State					
State Funds	2676799.00	0.00	Early Intervention	N/A	N/A
Medicaid	7816337.00	0.00	Early Intervention	N/A	N/A
Local					
N/A	0.00	0.00	N/A	N/A	N/A
Private Insurance, Fees					
N/A	0.00	0.00	N/A	N/A	N/A

N/A	0.00	0.00	N/A	N/A	N/A
Other(s) Non-Federal					
N/A	0.00	0.00	N/A	N/A	N/A
Total Early Intervention Support	19033691.0				